

THE AMERICAN JOURNAL OF NURSING

VOL. XVI

MARCH, 1916

No. 6

EDITORIAL COMMENT

THE JOURNAL AND THE GRADUATE NURSE

Our readers will have noticed that in the last number of the JOURNAL the Department of Nursing News was very much more condensed in form than formerly. This change was made for economy in space, as we are receiving great quantities of material, more than we can print in full. The small type used in this department is also for economy of space though it is much more costly than larger type. Blank spaces and large headings in a magazine are cheap copy from a financial standpoint, but do not add to the educational value of a publication.

The complaint occasionally comes to us that the JOURNAL devotes too much of its space to organization work and does not give sufficient consideration to workers in the private field or to those in public health. Private nurses seem to feel that unless the words Private Nursing appear in the title of an article, there is nothing in it that it would be of advantage to them to read. The three members of the editorial staff at Rochester have all been private nurses, two of them having specialized in that department. Taken as a class, private duty nurses contribute the least to their profession through the JOURNAL pages of any group of workers and they are, we are sorry to say, the most critical.

There is very little published in the JOURNAL that is not of value to the intelligent, up-to-date nurse, whatever her field of endeavor. The object of this magazine is not so much to supply the defects in the training of a poor school or to constantly remind the reader of those things she once learned and has forgotten as to serve as a means of continuing her education which supposedly has been received in a good average school. Our department editors are drawn from the leading educators in the nursing field. The time has passed when we look to

the physician for instruction in nursing procedure. In order to keep informed of what is going on in other departments of work than their own, nurses should read what these teachers have to offer from month to month.

Take the present issue of the JOURNAL as an example, no matter in what department of work a nurse is engaged, every paper has a value. Dr. Borden's series on Diseases of the Ear, Nose and Throat gives the latest and most authoritative opinions on a subject with which many nurses are unfamiliar. In Miss Scovil's Notes from the Medical Press will be found one paragraph which gives in a nutshell a complete system of infant feeding. No woman, let alone a nurse, knows the minute when she may be called upon to use such knowledge in an emergency. Miss Riddle's chapter on the care of hospital instruments and Miss Stewart's discussion of a training school curriculum should be of interest to all classes of our readers as well as to workers in institutions. The private duty nurse or social worker of today may be on the staff of an institution tomorrow and she should not allow herself to become so absorbed in one line of work that she gets out of touch with other departments.

Scarcely a week passes that we do not receive an appeal from a nurse who has been doing one thing for years and who, finding herself obliged to change her field of operation, frankly admits that she has allowed herself to become a back number in every other department of work. This is specially pitiful when the nurse has reached the time of life that makes readjustment difficult. The only reason why nurses are overtaken by such circumstances is that they have allowed themselves to become completely absorbed in one kind of nursing endeavor to the exclusion of all other interests, until they are so one-sided that nobody wants them. In the earlier days of the profession, the problem of the old nurse and the worn-out worker was practically unknown, but even now, the woman who has kept herself in touch with nursing progress by close association with other nurses, and in touch with the affairs of the world at large, can fit in somewhere, even if her hair is white. The other type of woman reaches the end of her usefulness in her profession before she has attained middle life.

The majority of nurses of our acquaintance are country-born, which should make the development of the Red Cross Town and Country Nursing Service of vital interest to them. Miss Gladwin, who has been in charge of the Red Cross work in Belgrade, Servia, has now returned and Miss Delano expects to send us a paper from her for the next issue of the JOURNAL. She is at present in the south, recuperating after her strenuous experience in the war country.

The little sketch by Miss Merriam on Improvising reminds us that although we have many great institutions so liberally supported that everything necessary for the best care of the patient and for the furnishing of the class rooms can be provided, without an anxious thought on the part of its officers, the majority of hospitals, large and small, in our country are still struggling with those financial problems that tax the ingenuity of their officials to the utmost to provide the means of meeting the demands of the medical service and the advanced methods of teaching in the training school. One cannot visit institutions without being impressed with the large number of appliances which are the result of the ingenuity of a superintendent or an employee and which have been constructed at little cost, on the ground, either by a patient or some one with mechanical ability.

We have on hand a number of papers containing just such practical suggestions as this one of Miss Merriam's, which we shall publish as fast as space permits, and we shall be glad to receive others, with or without illustrations, for which we will pay at our regular rates.

As an example of the kind of practical suggestion which we should like to receive from hundreds of our readers, let us quote from a personal letter received by one of the JOURNAL staff:

I was sent to give hot packs to a patient. A nurse had been there before me who had used a scrub-woman's pail that has a wringer fastened to it. It was an ideal way to wring out the bath towels, as I could regulate it with my foot and have them as dry or as wet as I wished. Of course the pail was a new one.

THE REVISION COMMITTEE'S REPORT ON REORGANIZATION

Probably before this JOURNAL reaches our readers, the secretaries of all affiliated associations will have received an outline of the proposed changes in the by-laws of the American Nurses' Association, as outlined by the Revision Committee.

Because of the tremendous development of the three national societies, some very radical changes are required by law.

It will be remembered that in the beginning, when the national association was small, the membership was composed of alumnae associations, represented by delegates, and of the few charter members. Then with the organization of county and state associations came delegates from those societies and finally a class of "permanent members" was created. The League of Nursing Education, formerly stood alone as a national organization and held its meetings independently of the American Nurses' Association. With the organization of the public health nurses, their organization and the League

became affiliated with the American Nurses' Association and at this point, where the three national societies came together, our form of organization became illegal under the laws of New York State, where both the American Nurses' Association and the League are incorporated. We are all of the opinion that these national organizations should remain together, making one strong central organization, and in order to preserve this relationship, either a fourth national organization must be created which will embrace the three, or the present incorporation must be given up and a new one secured where we are not restricted by law from developing as broadly as we may desire.

The plans which the Revision Committee submit may be summed up briefly in three questions:

1. Shall we form a fourth national organization, with a separate set of officers, dues, meetings, etc? or

2. Shall we change our incorporation? If so, shall it be in another state or shall we endeavor to secure a national charter from Congress such as has been granted to the Daughters of the American Revolution, the General Federation of Women's Clubs, etc.?

3. Shall we accept the district plan of organization?

In the case of our national organization, the districts may be states, for instance, the Massachusetts district or the Iowa district would be simply those state associations under new titles, which change must be made to meet legal requirements. Under our present plan of membership there is great duplication, nearly every nurse being represented in the American Nurses' Association in from four to six ways, such as the alumnae, the county, the state, the League, or by a permanent or charter membership. The new plan will permit representation but once through associations and will have the tendency, in most instances, to reduce, rather than to increase the fees of the individual. Under the new plan the individual pays dues but once, in an amount sufficient to cover her membership in alumnae, county, state and national, this sum being distributed in proper proportion to these organizations. Where all the members of a local association agree to subscribe to the JOURNAL, the subscription price, reduced to \$1.50, will be paid with the other dues to the local treasurer.

Another suggestion made by the Committee, which must be carefully considered, is that of ceasing to create permanent members, as a means of simplifying the form of organization; also the suggestion of holding the conventions every other year, instead of annually, giving more time in the alternate years for the development of district (state) work or that of groups of districts.

Next to the making of the original constitution and by-laws, this

is the biggest undertaking that the society has had to consider. There is no motive back of it beyond the legal necessity caused by the growth of the organizations represented. Associations are urged to call special meetings to consider these plans before the national meetings in the latter part of April and to be sure that the delegates whom they select to represent them shall fully understand the wishes of the society.

THE RED CROSS AND PREPAREDNESS

Two books of special interest to those of our readers who are interested in the question of preparedness have recently been published. One of these, *Under the Red Cross Flag*, by Mabel T. Boardman, gives a wonderful history of the origin and development of the Red Cross. The second one, *The Aftermath of Battle*, by Edward D. Toland, with a preface by Owen Wister, the novelist, is the published diary of a young American. In this diary is brought out in the most graphic manner the unnecessary waste of life and the needless suffering to which the soldiers of France have been subjected by the total lack of military preparedness for the care of the wounded, not so much the lack of buildings and supplies, as of hospital organization and of medical and nursing service. The author, in jotting down conditions as he found them, has given to the world the strongest of arguments in favor of that kind of preparedness for which the Red Cross stands.

PROGRESS OF STATE REGISTRATION

NEBRASKA.—The Constitution of Nebraska provides that the Governor, the Attorney General and the Superintendent of Public Instruction shall be at the head of all boards of registration in the state, the Board of Nurse Examiners included. The nurse board recently held a conference with this Board of Registration, the three gentlemen above mentioned, submitting for its approval a set of rules which should define an accredited school, according to Section 2 of the statute. The Board of Registration failed to approve the recommendations of the Board of Nurse Examiners, the principal point under discussion being the size of the hospital (that is, the actual number of patients being cared for) which should constitute an accredited school. Conditions in Nebraska consequently remain unchanged which make it possible for schools maintained in small private hospitals with six or seven beds, the property of one or two physicians, to be recognized under the law.

In this the nurses of Nebraska are meeting the same kind of opposition which have confronted nurses in other states and are being

thwarted in their efforts to provide the people with more competent nurses by the ignorance or political influence of officials who have no knowledge of nursing affairs. We understand that there has been great misrepresentation through the daily papers of the object of this conference and its results.

DEATH OF DR. FAVILL OF CHICAGO

Those nurses who attended the meeting at the Greek Theatre, Berkeley, during the convention last summer, will be grieved to learn that Dr. Henry B. Favill, who gave the address on that occasion, has recently died of pneumonia.

Dr. Favill was one of the great men of his profession, a leading citizen and a man of wonderful personality. He was exceedingly proud of his Indian blood, being descended from a chief of the Ottawa tribe.

ROBB FUND

We are asked to make it plain to our readers that the full amount for which the special campaign was inaugurated not having been subscribed, the Fund still remains open for those who wish to contribute.

HOSTESSES FOR THE NEW ORLEANS CONVENTION

The plans for the convention included having a hostess appointed from each State, but there have been only about one-third of the States heard from in response to Miss Russell's letters, asking for the names of members to serve. The time for sending the names to press is so near that we shall have to content ourselves with having representatives from different sections of the country who will interest themselves in promoting the acquaintance of delegates and guests.

CORRECTIONS

Through error, the price of Miss Wald's book, *The House on Henry Street*, was given in the Book Reviews of January, as \$1.50 instead of \$2.00.

In the notice of the death of Bessie Waite, on page 460, of the February issue, the word "felt," of line 9, should have read "left."

THE PRIVATE DUTY NURSE¹

By NELLIE G. MILLER, R.N.

Chicago, Ill.

If, when a baby girl is born into the world, the fairies who preside at her birth endow her with a bump which indicates a fine sense of humor and another which promises a well developed maternal instinct, she will be well equipped to become a true private duty nurse. The other thousand and one qualifications can be acquired; these two must be well rooted and grounded, the foundation upon which the superstructure of her profession must be built. Why do I give these qualifications precedence? Because the maternal instinct, the mother part of every woman, is the feeling which constitutes the true spirit of nursing, the feeling which draws a line between the mechanical nurse and the one whose work is a part of herself, the indescribable something about a nurse which makes patients say, "I can easily see that you love your work." It is the feeling that gives the real heart-interest.

Do not mistake my meaning when I place a sense of humor high in the list of a nurse's qualifications. By a sense of humor, I do not mean a tendency to make light of serious situations, but the ability to see and experience in the most impossible and difficult conditions something that relaxes the tension, saves nervous strain and energy and sometimes (almost) the reason, making the oft-times stale cup of a nurse's existence, effervesce and, for the moment at least, throw off rainbow colors, the reflection of which may be imparted to the patient. Without this quality the nurse sees only the grave, serious, sober, disagreeable side of life; the nervous system soon suffers and she becomes incapacitated for work.

So much has been said of the duties of nurses to physicians and the subject is so well understood, that little discussion of it is necessary; but perhaps there is no one point over which nurses are so much at variance, and sometimes bitterly so, as to how much ground is covered by duties to patients, many arguing that in the faithful carrying out of the doctor's orders, the nurse has fully discharged all obligations. The much discussed and oft-protested question of where a nurse's duty

¹ Read at a meeting of the Illinois State Association, Bloomington, November, 1915.

begins and where it ends will always remain an open one; but from the standpoint of a long and varied experience my honest conviction is that where necessity demands, a nurse's duty comprises anything which contributes to the comfort, either physical or mental, of the patient. Please do not misunderstand me. I am not an advocate of a nurse becoming a maid-of-all-work, far from it, but many times, a nurse's chief value is not in doing her technical work, but in being a balance wheel in a family disorganized by sickness; a mentor to settle all difficulties; the very fountain head of knowledge and wisdom in times of doubt and distress. Thrice blessed is the nurse, and there are many such, who can unconsciously or automatically, as it were, adjust herself successfully to the varied environments which fall to her lot, seeing with an eye made keen with interest the right thing to do. If the mother of a family is made calm by the knowledge that the weekly budget of stockings has been darned, rest assured that you have done a nobler thing than if you had given a hypodermic and it is an act much more appreciated.

Some time ago, in looking through a book on private nursing, I came across the following lines:

In looking up the records of nurses who have been very successful in private duty, I find that the majority of them were the ones who in their training never gave promise of anything unusual. They were the ones who were considered plodders, slow, never through with their work, etc.

I cannot vouch for the truth of this statement but if true it could have a satisfactory explanation. During the time I was in training there was a patient on general care for several weeks, who, just before leaving, sent for me to come to her room. In saying good-bye, she wished to thank me especially for my share of the care she had had, saying I had done for her something no other nurse had done. Immediately my bosom swelled with pride and I tried not to look too elated as I prepared myself to receive, as I thought, a glowing tribute to my skill along some particular line. Imagine, if you can, my chagrin, when I heard, "You are the only nurse who ever warmed the bedpan." Although a sense of humor came to my rescue, it was with a crestfallen air that I left the room, not being sufficiently experienced to know that the commendation reflected more to my credit, perhaps, than praise for some technical skill. So perhaps the nurses who were "never through with their work" and afterwards proved to be an honor to the profession consumed the extra time in doing things not on the special standing orders but which added much to the comfort of the patient.

It is certainly flattering to the profession that so much versatility is expected of its members. I am sure we often feel like the man who was elected to a chair in a small college. One duty after another was forced upon him until he exclaimed, "Why, gentlemen, I thought this was to be a chair, not a settee." Perhaps when demands are excessive we ought to feel like the colored gentleman who was asked for a loan of twenty dollars. He replied, "I'm mighty sorry I can't accommodate you, suh, but I am obliged for the compliment, just the same." I think every private duty nurse of long experience will bear me out in saying that there is no grade of woman's work, and sometimes a man's, which has not fallen to her lot to do. When the good of the patient demanded it, I have washed, ironed, mopped floors, cooked, baked bread, sewed, darned stockings, made jelly, marketed, made and tended furnace fires, managed servants, cared for children and even hitched up a horse. Perhaps the greatest tax on my ability (for it has been some time since my school days) was when I was asked to figure up the amount of sawdust it would take to fill in a space around the outside of an ice-house. No one suspected the superhuman effort it required, but when my estimate proved correct, I was repaid by the cheering assurance that "Nurses know everything." Young nurses are apt to draw the lines a little too tightly around their own particular work, fearing that their professional dignity may suffer, but the quality to fit into vacant places is an admirable one and is often the means of nurses remaining indefinitely in families that expected to require their services but a short time. "You are my moral support," I once heard a patient say to a nurse, "and I cannot do without you."

A nurse should make an effort to fulfill her duty to herself by seeking to conserve her health, strength and energy. Sometimes it is almost impossible to have sufficient time for rest or recreation, but usually families and doctors are more than willing to provide time for rest. Some doctors inquire of the nurses, frequently, "How much rest are you getting?" Others are indifferent in that respect. If no one else is interested, then the nurse must take the initiative, for she cannot afford to jeopardize her own efficiency. On long cases and between cases she should seek recreation, read a good book, see a good play, hear a good lecture, meet congenial people and always keep in touch with her alumnae association. She should also strive to be familiar with current events so as to have other topics of conversation for the sick-room besides illness, this for her own benefit as well as the patient's.

The responsibilities of a nurse are so great that only those rare natures that are made up of pluck, endurance, devotion to duty and

invincible determination, combined with a love for their work, are willing to assume them. Too many nurses are looking for easy cases and when complicated situations arise, which call for dependable qualities, are suddenly called away and the responsibility is shifted to other shoulders than their own. A nurse should be keen in recognizing her responsibilities and, while not exactly courting them, should assume them cheerfully when they come. The responsibilities of a nurse begin as soon as she receives a call. By her promptness, personal appearance, conduct and language she is responsible for the impression which she gives to the physician and members of the family of herself, her training-school and the profession. First impressions are very lasting. A physician recently told me that upon going to the station to meet a nurse being sent from the city, he spoke to three modestly-dressed women, thinking each might be the person for whom he was looking. As he expressed it, "My knees almost sank under me as a young-looking woman in a flashy dress, which barely came to the tops of her shoes, minus two buttons, jacket and waist almost open to the waist line and a Tipperary hat on one side of her head, stepped up and asked if I was looking for a nurse." Knowing the sensibilities of the patient, upon arriving at the home the doctor had the nurse shown to her room, thinking a more favorable impression would be made in uniform. Imagine his consternation when she shortly appeared in a white dress, it could not be dignified by the name of uniform, open almost as low as the one she had discarded, supposed to be buttoned the full length (but two buttons were missing) and the belt gaping at least two inches. As there had never been a trained nurse in the family, this one was responsible for the prejudice formed then and there for the profession and especially for the training school which this nurse represented.

Tactfulness is always given a prominent place in the list of a nurse's qualifications but to me it has always been a rather vague, intangible term, not meriting the importance which is usually attached to it. I have often heard it defined as the knack of knowing when not to talk, of being so agreeable yourself that no one can be disagreeable to you, of making inferiority seem like equality, etc., but if a nurse goes into a family with a bearing which corresponds to the dignity and importance of her work and with a sense of her responsibilities, which imparts to the family the feeling that she is mistress of her work and is there for a definite purpose, she immediately has the respect of the entire household, including the servants, and there is little need of the shop-worn tact which someway always savors of insincerity and for which common-sense is often a superior substitute. Genuineness is always recognized

and always wins out in the end, if a nurse is true to herself, her principles and her training. Besides the care of the patient and room and the carrying out of the doctor's orders, the nurse should try to be responsible for everything about the household which materially affects the welfare of the patient. Order, system, quiet, and an effort to avoid friction in any department of the household should be among the responsibilities which a nurse is willing to assume.

Imbued with the proper spirit, a nurse's limitations may be almost boundless; but if her ideals are low, her sphere will be small; if her ambitions are dwarfed, her field will be narrow; and if her motives are selfish, the possibilities of her work will diminish.

Besides the power to relieve suffering and create comfort, to teach right living and correct wrong habits, to bring order and system out of chaos and by her example to promote cheerfulness, patience, forbearance and selfcontrol, the personal influence of a nurse's life may be a far-reaching power for good.

I knew a woman who had strayed from the path of virtue who was permanently reclaimed by the gentle influence of a nurse with whom she was associated during four weeks of illness. She was so impressed with the nobility of the nurse's character and with her own weaknesses, shown to her so glaringly by contrast, that she resolved to pattern herself after that of her newly-found friend and was successful in doing so. I know a woman of education and means who, on account of sorrow and disappointment, had secluded herself for years from friends and all interests in life. Through the companionship of a nurse she came to see her mistake and was influenced to go back to her old-time habits and interests. Today she is getting more out of life, both socially and intellectually, than ever before and counts the nurse among her best friends.

I know a young girl, previously without aim or object in life, who was inspired with high ideals and ambitions during a long association with a nurse and who is at present living up to her new resolves. A patient said to me recently, "I shall hereafter do disagreeable things with a different spirit because you do them with such good grace." Sometimes a cheerful or philosophical remark made by a nurse remains indefinitely and is of lasting benefit. If nurses could only be made to realize how much more there is in nursing than dollars and cents, and if their highest thoughts were not how much they could get out of a case but how much they could put into it, their power to raise the standard of nursing would be much increased.

If I had my life to live over again, I would choose the same profession, and as I look back over fourteen years of active service, I can

truthfully say that although there have been briars, there have been more roses; while there have been clouds, there has been much sunshine; while many paths have been hard, others have been delightfully pleasant; and while there have been discouragements, there has been much appreciation.

Never has nursing covered so wide a field as at the present time and while each branch and new development have their power for good, the power of the quiet faithful nurse ministering to suffering and distress in homes yields first place to none.

DISEASES OF THE EAR, NOSE AND THROAT

By CHARLES R. C. BORDEN, M.D.

Boston, Mass.

SECOND PAPER

For the purpose of study, the middle ear may be likened to a toy drum. It has a round barrel-like body with a thin vibrating surface covering either end. In the case of the middle ear, the inner end of the drum will not be considered, as it plays a minor rôle in common diseases of the ear. Again, in the middle ear, the round barrel part of the organ has two openings entering into it which are of great importance. The eustachian tube opens into the anterior surface, and the passage from the mastoid process to the middle ear is situated in the upper posterior surface. Both openings are of great importance in middle ear diseases as they are the avenues through which infection finds its way into these important cavities.

Diseases of the middle ear are frequent and are important for several reasons. They are often painful, always dangerous and at times may become a menace to life itself. If allowed to persist for any length of time, they are apt to be followed by more or less impairment of function and resulting deafness.

The causes of middle ear disease are many. Generally speaking, any diseased, or inflamed condition of the nose or throat may give rise to a similar condition in the middle ear. Common colds, grippe, scarlet fever, measles and diphtheria are the most common causes. Constitutional diseases, such as pneumonia and typhoid fever are also causes of disease in this location. The severer types of the contagious diseases are particularly apt to cause aural complication. The percentage in diphtheria averages about 4 per cent; in scarlet fever about 11 per cent and in measles about 28 per cent. These statistics, of 952

cases of diphtheria, 746 cases of scarlet fever and 456 cases of measles were taken from the records of the Contagious Department of the Boston City Hospital. Grippe epidemics (so called), vary in severity; at times the percentage of the ears involved is large, at other times, it is much less. The severity of the aural infection also varies from year to year.

Inflammation or infection of the middle ear cavity is known as acute otitis media. It usually begins as a simple inflammation. At the outset, the inflammatory process is brought about by the partial or complete closing of the eustachian tube which causes a partial vacuum in the middle ear cavity. The rarified air draws the drum membrane inward and, at the same time, if severe enough, sucks the serum from the small blood vessels in the lining membrane of the cavity. As this fluid collects in the cavity, the drum is slowly distended. When the pressure is great enough to push the drum outward beyond its normal limits, pain develops. Naturally the greater the stretching of the drum, the greater the pain. Usually, in the early stages, the distension comes from the serum alone. After a time, infection of the lining membrane of the cavity takes place and the serum turns to pus. The formation of pus is more rapid than that of the serum as a rule. Consequently, in the average cases, rupture of the drum membrane takes place earlier when pus is present. Occasionally, on the other hand, pus is formed slowly and does not produce sufficient pressure to rupture the drum. Again, for some preexisting reason, the drum may be very much thicker than normal. In this event, the increase in the thickness may prevent spontaneous rupture of the membrane. In scarlet fever, measles and diphtheria the drum is often very much thickened.

One drop of pus under pressure will often cause a great rise in temperature. Not infrequently when the drum is opened only a single drop of pus will escape, yet the temperature at the time may be very high. The following day pus may be pouring from the ear yet the temperature in most cases will have fallen to normal. Thus it will be seen that a tiny drop of pus under pressure is far more dangerous than a copious discharge from the same locality which has free drainage.

Symptoms of middle ear inflammation are not difficult to recognize in the average case. Pain is naturally the most prominent symptom as it occurs among both adults and children in this disease. To regard earache as a necessary symptom of aural disease, however, is a common mistake. In acute otitis media, following common colds, grippe, etc., the highly disagreeable sensation of earache is the usual condition. On the other hand, in scarlet fever, measles and diphtheria pain is more often absent than present when the ear is involved. The writer has

seen many cases of both acute otitis media and mastoiditis in which the patient suffered no pain whatever.

In young children, elevated temperature is often the first symptom to be noticed. It usually occurs toward night or during the night. Sudden rise of temperature in young children is always suspicious of middle ear disease, particularly if no other cause for the fever can be determined. This is especially true if the patient is suffering at the same time from another disease which affects the nose or throat. Children who are mouth-breathers are subject to middle ear disturbances every time they acquire a head cold.

In early childhood, temperature resulting from middle ear disease is apt to be rather high. It is not uncommon for a child to suddenly develop a temperature of 104 or even higher from a simple middle ear infection. Within the month the writer had two cases in which the temperature went to 105° and 106° respectively from this disease. Both were cases of a mixed infection of scarlet fever and measles. Adults, on the other hand, do not often reach as high a degree of temperature from the simple middle ear infections. Very young children, either with or without elevation of temperature, often become very restless or fussy, as a result of a middle ear inflammation.

Temperature, like pain, is a symptom which is usually regarded as a reliable and constant factor in middle ear diseases. Such is not the case. It is a treacherous symptom upon which to base a diagnosis. The absence of temperature cannot be regarded as conclusive evidence that acute inflammation or infection does not exist. Mastoiditis often occurs with a normal or very slightly elevated temperature, particularly in the contagious diseases. Within twenty-four hours of the time this article was written, the writer operated upon a case of mastoiditis occurring in a young boy recovering from scarlet fever. There was only a very slight elevation of temperature but there was a large amount of pus in both the middle ear and the mastoid cavity. In this case the bone had been eaten away sufficiently to form a fistulous tract from the inside of the mastoid cavity to the external tissues.

Occasionally the first symptom to be noted is the presence of serum or pus escaping from the middle ear. This is positive proof that inflammation is present in that organ. Aural discharges without previous symptoms are quite common in contagious diseases.

The importance of acute otitis media cannot be overestimated. In itself it is a rather simple disease to combat in the average case; if diagnosed early and vigorously treated, the process can be overcome with comparative ease. On the other hand, if the proper treatment is

delayed or feebly carried out, the disease may pass on to other structures adjacent to this organ and a decidedly dangerous complication may develop. Immediately above the roof of the middle ear is the cranial cavity. If the inflammatory process finds its way from the middle ear to the cranial structures, meningitis or brain abscess is apt to follow. Many such cases develop each year as a remote result of acute otitis media. Another complication which is apt to develop from this disease is thrombosis of the lateral sinus or infection of the internal jugular vein, as it is often called. This large vessel normally runs through the deeper part of the mastoid cavity, being contained in a channel in that bone.

The duration of acute otitis media varies with the severity of the infection. Simple catarrhal cases, where no infection is present, may subside in a day or so and give no further trouble. If a true infection has been present and treatment has been thorough and efficient, the inflammatory process lasts from a few days to two weeks or more, gradually subsiding as the time goes on. If it persists for more than two weeks, suspicion should be directed to some abnormal condition in the situation which is keeping the process active. Different writers give different periods of time for the disease to be present. From two to four weeks are named as the limit for an acute process. After that time, it passes to the chronic stage and is then referred to as chronic otitis. Before acute otitis media has reached the chronic stage, however, a great amount of damage may have been done to the delicate structures which go to make up the hearing apparatus. The writer has seen the entire drum membrane destroyed in a few days by a very active inflammation. Unless the pressure is quickly relieved, a large area is apt to slough away leaving a permanent perforation which will later contract and cause a serious impairment of hearing. Measles is a disease which more than any other is likely to cause great destruction of the drum membrane in a very short space of time. In the writer's experience, this disease is the greatest enemy to the hearing apparatus which exists. This is particularly true when measles occurs in conjunction with scarlet fever. The percentage of aural involvement in mixed infections of scarlet fever and measles in a series of seventy cases was over 44 per cent.

In the various diseases, except scarlet fever, acute otitis media usually develops when the other acute symptoms are at their height. In scarlet fever, otitis media and mastoiditis may develop at the time the acute symptoms are most active, but in this particular disease, they are more apt to develop later, when the acute symptoms

have entirely disappeared. The writer has known the aural complications to develop as late as one hundred days after the acute symptoms had disappeared.

Chronic otitis media begins where acute otitis media ceases. This is, of course, an entirely arbitrary period. For the sake of description, it may be said to begin four weeks after the onset of the infection. In other words, chronic otitis media is simply an acute otitis media which has refused to subside. In the chronic stage it may persist for many months or years. Many persons have had a chronic discharge from one or both ears for most of their lifetime. The discharge may be considerable in amount or very scanty; it may be very thick pus or a thin, watery fluid; it may be constant, or it may vary from day to day. Usually such conditions are more or less dependent upon the time of year. Head colds increase the amount of discharge as a rule. Certain individuals hear best when the discharge has dried up; others hear best when the discharge is active. (This is a very grave symptom.)

Chronic otitis media is one of the greatest problems aurists have to face. To cure such cases is a hard task. Simple measures usually fail to give results and operative procedures for the relief of such conditions rank with the most difficult. It is a common mistake to treat such cases by syringing. Physicians who have had little or no experience in aural surgery at times feel competent to advise in the treatment by ordering the above procedure. In practically every case of chronic otitis media, syringing the middle ear cavity with watery solutions does decided harm. The middle ear is usually filled with granulation tissue and the watery solutions cause it to increase in amount and size. No one but a trained aurist should ever attempt to treat cases of chronic otitis media. Next to cases of profound deafness, chronic otitis media is the most trying and difficult work which the aurist attempts. There is a wide variety of opinion as to the proper treatment of such cases, most of which are prone to result in failure. Paradoxical as it may seem, the only practical way to cure them is to prevent them. In the past they have been comparatively common cases in the community; the future will doubtless yield a smaller number. In the writer's experience there is already a marked falling off in the number of chronic otitis media cases which apply to the hospitals for relief. This is unquestionably brought about by the better understanding of the relationship between the nose, throat and middle ear. The large number of adenoid operations performed each year in the large cities is bound to have its effect in this respect. In the Boston City Hospital, alone, there were over 3000 adenoid operations performed last year. Not only will the removal of adenoids

make for a smaller number of chronic otitis media cases, but it will decrease the number of acute otitis media cases as well. In the contagious Department of the Boston City Hospital there is already a noticeable decrease in the number of cases of mastoiditis.

Inasmuch as chronic otitis media is such a broad subject for consideration, we must reluctantly pass it by and simply state that the principal danger from chronic otitis media is the extreme liability of such cases to suddenly and without warning develop into meningitis, brain abscess or the lateral sinus thrombosis. These three dreaded complications, as a rule, are brought about not by acute otitis media but by chronic otitis media.

The treatment of acute and chronic otitis media will be given after the consideration of mastoiditis.

IMPROVISING HOSPITAL APPLIANCES

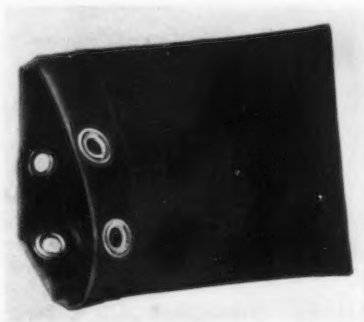
By MARY J. MERRIMAN, R.N.

Willard, N. Y.

A rubber sheet cover for mattress. Illustration Number 1 shows a rubber sheet cover for a mattress that we have found very useful and profitable in the care of destructive and untidy patients who persist in taking off the ordinary rubber sheet, throwing it under the bed, out of the windows, etc. This is put on over the mattress, bag-like, and is laced at one end with cord, through the grommets. It is quite sanitary, as it can be easily cleansed and pulled off when the mattress is taken out for airing. Destructive patients do not tear this as they would an ordinary sheet. If the rubber sheeting is too wide for the required purpose, the excess may be used to cover sand bags, etc.

Frame or standard for skeleton.

The accompanying photograph shows the standard or frame that we use in our class room for the purpose of bringing before the pupils a clearer and more definite outline of the skeleton. It has been found more satisfactory than the old method of hanging the skeleton in a



No. 1. RUBBER SHEET COVER FOR MATTRESS
(PHOTOGRAPHED FROM SMALL MODEL)



No. 2. FRAME FOR SKELETON

case or placing it on a chair or table. The standard is simple in structure, foundation 18 inches by 18 inches, height 6 feet, 9 inches, top 18 inches long. It was made in our carpenter shop and could be made in any shop for about \$1. The cost is very small when we consider the advantage to teacher and pupils.

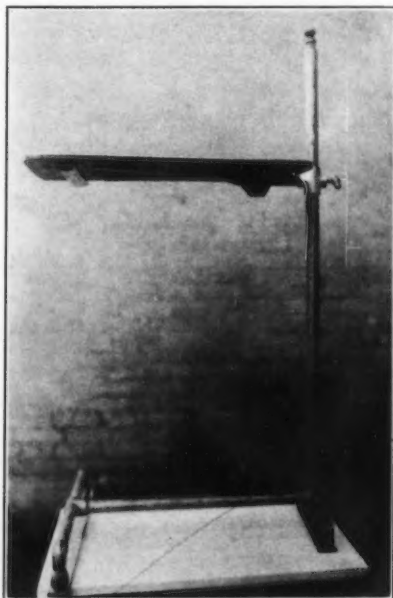
Bedside tables. The bedside table shown in the photograph is similar to those illustrated in the catalogues of hospital supplies. However, improvising has saved the hospital a great expense as there has been a large number of these tables in use for years and they have given entire satisfaction. The framework or standard is made of old, discarded gas pipes. The table proper is made of wood 15 inches by 21 inches, shellacked or painted white. The height of the table is regulated by the handle of a discarded water faucet found in the plumbing department, consequently the cost was simply the labor which was performed in our own machine shop. It is true that such articles cannot be made except in large institutions where there are shops and mechanics, nevertheless it proves the value of putting into use the material we have on hand.

The sketch of bedside table Number 2 shows a table that has proved very satisfactory and inexpensive; it was made in the hospital carpenter shop and could be made in any ordinary carpenter shop at a small cost. The sketch and dimen-

sions show one made to use with a single bed, 30 inches wide. The table stands on the floor over the bed, and when not in use can be pushed toward the foot of bed. This makes it particularly practical for ward or dormitory use where floor space is limited. It is very firm, and being of the proper height needs no mechanical device for adjustment. It proves a most desirable table to use while doing dressings, etc. It is made entirely of wood and may be varnished or painted white.

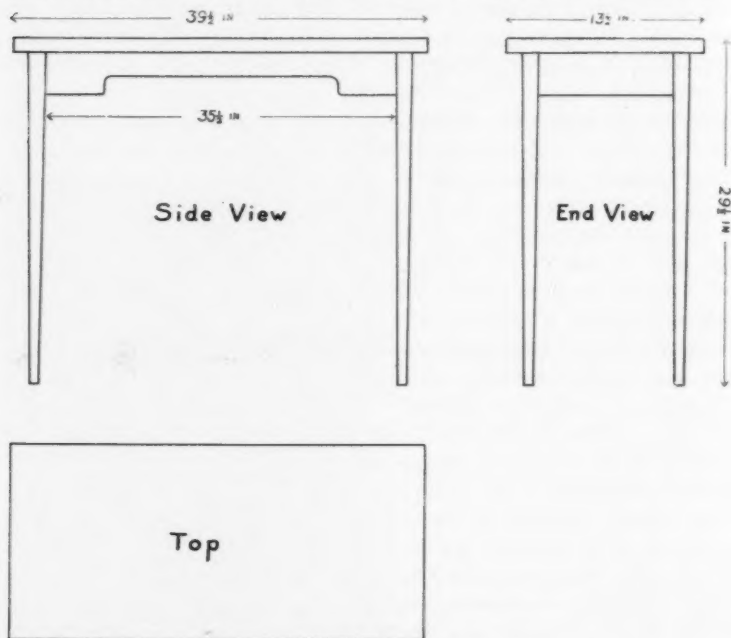
Bolster for knees when flexed. Recently I have had made in our tin shop an article that appeals to me as quite convenient. Of course, there are many better articles on the market that answer one or more of the purposes, but they are expensive, and since, for lack of funds, we cannot always buy, our watchword is "Improvise." Why should a good nurse not improvise if she can add to the comfort of her patient and lessen the burden of a family already taxed by extra expense and anxiety? The trend of the times is to prevent mental strain; why not begin in the home? For want of a better name, I have called it a bolster for the knees when flexed. If more height is needed a pillow can be placed over it. It may also be used as follows:

1. Being hollow, it permits passing a bandage through and fastening to bed to prevent mattress from slipping when placing a patient in Fowler's post-operative position for drainage.
2. It can be used as a cradle for an injured leg or arm in supporting the weight of the bed clothes.
3. It would be perfectly safe and practical for an electric heater by using an asbestos pad on the board foundation and inserting a drop light in one or both ends.
4. It may also be used as a support to a patient's feet while sitting up in bed or as a foot stool while sitting in ordinary rocking chair.
5. It makes a very desirable headrest in bed, having been tested for this purpose.

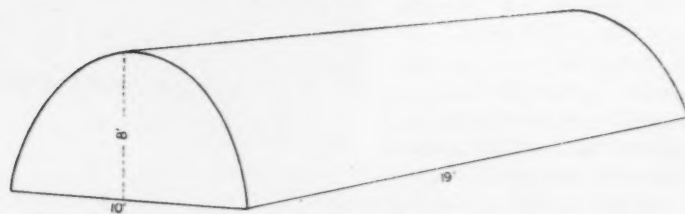


No. 3. BEDSIDE TABLE No. 1

The bolster is made as follows: Foundation, pine board 10 inches by 19 inches; top, ribbed tin, medium weight, curved so that greatest height is 8 inches, and fastened to the board lengthwise with small nails, leaving an opening at both ends. The top is padded with cotton,



No. 4. BEDSIDE TABLE No. 2



No. 5. BOLSTER

and the entire article covered with cotton flannel which can be removed and washed when necessary. The bolster may be made in any tin shop at a cost not exceeding 50 cents, padded and covered by the nurse.

NURSING OF TROPICAL DISEASES—PLAGUE

By MARGARET M. WHEELER,¹ R.N.

Buffalo, N. Y.

PLAGUE

Sir Patrick Manson defines plague as "A specific, inoculable and otherwise communicable disease, common to man and many of the lower animals. It is characterized by fever, adenitis, a rapid course, a very high mortality and the presence of a specific bacterium, *bacillus pestis*, in the lymphatic glands, viscera and blood. In a large proportion of cases buboes form in the groins, armpits or neck."

Historical.—Thucydides describes a great plague at Athens in the year 430 B.C. at the end of the first year of the Peloponnesian war. He says:

The disease began south of Egypt in Aethiopia, thence it descended into Egypt and after spreading over the greater part of Libya and the Persian Empire it suddenly fell upon Athens. The physicians were among the first victims as they oftenest came in contact with it. There was one circumstance in particular which distinguished it from ordinary disease. The birds and animals which feed on human flesh, although so many bodies were lying unburied, either never came near them or died if they touched them. The crowding of the people out of the country into the city aggravated the misery; and the newly arrived suffered most, for having no houses of their own but inhabiting in the height of summer stifling huts, the mortality among them was dreadful and they perished in wild disorder. The dead lay as they had died, one upon another, while others hardly alive wallowed in the streets and crawled about every fountain craving water. The temples in which they lodged were full of the corpses who had died in them.

The next authentic account of plague refers to that which started in Egypt in 542 A.D. and spread throughout the Roman Empire. Gibbon says, "It wrought the most dreadful loss of life and did not spare the person of the Emperor himself." But as is the case in modern times, the sanitary surroundings and good care which the Emperor was able to command saved his life. The disease raged for 50 years, devastating the whole empire.

In 1563, a terrible epidemic of bubonic plague broke out in Italy, extending to Germany where not more than one tenth of the population escaped the so-called, "Black Death." Boccaccio gives an illuminating description of this epidemic and of the havoc wrought inside the walls of the city of Florence, where 100,000 people perished between

¹ The author's thanks are due to Dr. C. A. Bentz of the University of Buffalo for revising these notes.

March and July. He states positively that many other animals were as susceptible to plague as man and describes the death of two pigs which acquired the plague by rooting about among discarded clothing from a plague patient.

Plague appeared in England as a great epidemic in 1664, when whole villages were depopulated and 70,000 of the 460,000 inhabitants of the London of that day perished. It was finally eradicated by the great fire which destroyed a large part of the city of London. Since that time, plague has not visited England except among sea-men or persons recently from foreign parts until 1910, when several fatal cases in man occurred in Norfolk. On the continent it occurred again and again, until 1841, when it appeared for the last time in Constantinople. Egypt has been a favorite haunt of plague since the earliest times.

Plague is endemic in China in the province of Yunnan and the recent epidemic, which reached even to our own shores, probably originated there. This epidemic caused the death of 60,000 persons in Canton; from Canton it spread to Hongkong, Shanghai, Manila, and Japan. It was carried in ships to Calcutta and spread to other parts of India where its victims are numbered by the millions. The Indian official returns report 842,000 deaths in the year 1911. This epidemic carried the plague to Australia, Cape Colony, Brazil, Mexico, San Francisco, Havana, and New Orleans. This is the first time it has been known to appear on the western hemisphere.

It will be seen from the foregoing history that plague is not, strictly speaking, a tropical disease, but one which flourishes wherever famine, filth and overcrowding are sufficiently pronounced. At the present time these conditions are more likely to be met with in tropical or sub-tropical countries than in more temperate climates.

The specific cause of plague is the *cocco-bacillus* discovered by Kitasato and Yersin in 1894. The bacillus occurs in the spleen, liver, kidneys, intestines, lungs, bronchi, and in great numbers in the characteristic buboes. It is present in the blood, urine, feces and Dr. Strong states that it is present in almost pure culture in sputum of patients ill of pneumonic plague.

Man may be inoculated by bubonic plague as has been proved by intentional and accidental inoculation. Fatal plague was accidentally acquired in a Vienna laboratory in October 1898 from handling plague cultures. Many of the lower animals, as marmosets, ground squirrels, gophers, mice, guinea pigs, rabbits, hens and turkeys are always killed when successfully inoculated with plague. It is by means of the flea that bubonic plague is most frequently spread from rat to rat, and from rat to man and other animals. *Bacillus pestis* multiplies in the

stomach of a flea and is passed out in the feces so that the flea acts as a multiplier as well as a carrier of disease.

In the *Journal of Hygiene*, Supplement Volume 4, January 1, 1915, A. W. Bacot, Entomologist of Lister Institute of Preventive Medicine, reports:

- 1, Fleas (*ceratophyllus fasciatus*) are able to carry *bacillus pestis* for periods up to 47 days in the absence of any host and subsequently to infect a mouse.

- 2, Infected fleas starved for 47 days and then placed upon a mouse may not infect it for a further period of about 20 days.

- 3, There is no reason to suppose that the positive results obtained in these feeding experiments represent the limit of time after which infection may take place, but indicate that plague infection may persist in fleas for one or two months in cool weather and subsequently give rise to an epizootic.

In the same issue he reports that

bites of bugs (*cimex lectularius*), which had been allowed to feed on plague material were kept for 48 days without feeding. Five bugs survived this test and were allowed to bite a mouse. The mouse died five days later from typical pest.

This experiment suggests that other insects are dangerous carriers of plague.

Symptoms. The period of incubation in man is from four or five hours to fifteen days, commonly five to eight days. A prodromal stage is seldom present, but occasionally the disease is heralded by giddiness, chilliness, pain in the groin, mental depression and aching limbs.

Stage of invasion. Frontal or occipital headache, aching limbs, vertigo fever, drowsiness, the features are drawn and haggard. The eyes are sunken and bloodshot, with dilated pupils.

Vomiting is sometimes very frequent. Some cases have diarrhoea, others have marked constipation. The patient is depressed and unhappy. In a few hours or at most a day or two the temperature rises to from 104 to 107°F. Pulse is correspondingly increased; at first full, later becoming small, fluttering and intermitting. Respirations are rapid; the skin is dry and flushed; the face is swollen; the eyes are stary; the tongue is swollen and covered with a white fur, which becomes dark brown in a few hours; the teeth and lips are covered with sordes and the breath is foul. Thirst is constant and intense; voice almost lost. There may be a wild or a low muttering delirium with picking of the bed clothes, or the patient may sink into a state of stupor. The urine is scanty or suppressed; convulsions may occur. The buboes usually develop in from 12 to 24 hours, but may be delayed four or five days. They occur most commonly in the right groin; less often in the axillary glands and occasionally in the glands at the angle

of the lower jaw. The last is usually seen in children. The buboes are generally single; sometimes they occur simultaneously in different parts of the body. They vary in size from one to two inches in diameter. The pain is very severe. If death does not occur, the bubo continues to enlarge and soften, bursts and discharges very vile-smelling pus. In rare instances, the buboes do not suppurate. In some cases small patches of moist gangrenous skin develop on different parts of the body, which may slough and lead to extensive gangrene. Purple or dull red spots, sometimes as large as a penny, are frequently found on the skin, scattered over the exposed parts of the body, especially on the face, hands, and legs. Hemorrhages from nose, mouth, lungs, kidneys, or bowels may occur and are usually thought to indicate unfavorable prognosis. Pregnant women abort and usually die. When convalescence occurs, it may begin between the sixth and the tenth day or it may be delayed until the fifteenth or the eighteenth day. It generally begins with profuse perspiration, the temperature begins to fall, pulse and respiration become normal, and the patient returns to consciousness.

Convalescence is apt to be slow; sloughing, suppuration, and other complications nearly always occur and it may be months before the patient is entirely well.

Fatal terminations take place between the third and the fifth day but may come at any time in the course of the disease. Post mortem rise of temperature often occurs.

Treatment. Every locality has its favorite treatment, but they are all symptomatic, with the exception of the vaccines; some of these, notably Haffkines's, are of value as prophylactics. Stimulants of various kinds are given in collapse especially strychnine which is usually administered early. The most desperate cases sometimes recover and the nurse should bear this in mind before abandoning hope of resuscitating a dying patient. Morphine is given as a hypnotic and to relieve pain, dose $\frac{1}{8}$ to $\frac{1}{2}$ grain every 12 hours. Diarrhoea is sometimes treated with salol, gr. x, every 4 hours. Sometimes it is not treated at all, especially when not too urgent. The buboes are usually poulticed at first and when softened they are incised and dressed. Some physicians prefer to treat them with an ointment of glycerine and belladonna.

Nursing. The patient must be isolated in a clean, airy room from which every object not essential has been removed. All walls must be first brushed and all floors washed with corrosive sublimate, 1 to 1,000, to kill fleas, then the patient is placed in bed and is kept as quiet as possible. Tepid baths are usually given every two hours while the fever continues and the daily sponge with soap and water is always

given unless the skin be so covered with cutaneous haemorrhagic effusions as to suggest its discontinuation in whole or in part. Ice bags placed at the head and throat relieve pain and fever. Diet is liquid, consisting of albumin water, peptonized milk, broths, etc. Where canned milk is used, care must be taken to dilute it well before giving, to prevent vomiting. Water must be given in abundance and the nurse will do well to give this at regular intervals as the thirst is usually very intense, and the patient too weak to ask for water. In the great epidemics, where the patients receive no care, the few who survive always tell the same tale of their intense suffering from thirst. It must never be forgotten that the clothing of the patient, the bedding, utensils used, the excreta and everything which comes in contact with the patient may convey the disease. It is necessary, therefore, for a nurse to exercise great care in the disinfection of such materials. All carriers, such as flies, fleas, bedbugs, etc., must be excluded from the sick room. If the latter is not screened, a mosquito netting may be placed over the bed to keep the flies from the patient. All excreta must be covered while disinfection is being carried out. The nurse must never relax her vigilance in regard to disinfection, for the sores which follow plague abscesses and buboes may convey infection until healed; which may not be for several weeks or months.

American or European nurses seldom contract plague in the regular isolation hospitals, where the nursing is systematized and the nurses are not on duty too many hours at a time. Eight hours a day, in broken periods of four hours each, is as long as a nurse should expose herself in a closed room. In the tropics, however, where the ventilation is so much better than in colder climates, the length of time on duty is not so important, provided one does not become over-tired. Even the slightest pin prick on the skin is dangerous and should be protected by painting with tincture of iodine. Practical experience has shown that the one important thing for the nurse to do for personal prophylaxis is to wash her hands very frequently in a germicide, preferably alcohol.

These remarks refer to the bubonic form of plague. The pneumonic and septicemic forms always prove fatal and the nursing consists only in making the patient comfortable and in preventing the spread of the disease.

The personal prophylaxis in the pneumonic form consists in the precautions mentioned and in the wearing of a mask made of cotton flannel, completely enveloping the head and shoulders, tied about the neck and having windows of celluloid. This mask was copied from pictures of physicians of the middle ages. The nurse is cautioned

against raising this mask for even one moment, as it was found by experiment that plague bacilli were always present in the droplets emitted during coughing or forcible expiratory efforts. The following is a description of an epidemic of pneumonic plague.

PNEUMONIC PLAGUE

In the winter of 1910 and 1911, a very extensive epidemic of pneumonic plague occurred in Manchuria. Dr. Richard P. Strong and Dr. Oscar Teague went to Mukden and studied the plague at the plague hospital of that city. The results of their studies may be read in the Report of the International Plague Conference and in the *Philippine Journal of Science* for June, 1912.

Both sexes seem equally susceptible but the proportion of females and children attacked during the epidemic was comparatively small, as women and children were evidently not so frequently exposed to infection. The disease prevailed particularly among the poorer classes, coolies, etc., the majority of whom were between 20 and 40 years of age.

Symptoms. The onset of the disease is usually abrupt; prodromal symptoms are rare. The disease usually begins with chilly sensations but a distinct rigor generally does not occur. Epistaxis is generally not present. There is headache, loss of appetite, an increase in the pulse rate and fever. Vomiting rarely occurs. Within from 24 to 36 hours after the onset, the temperature usually has reached 103 or 104° F. and the pulse 110 to 130 beats per minute. Cough and dyspnoea usually appear within 24 hours after the onset of the first symptoms. The cough is usually not painful. The expectoration is at first scanty but soon becomes more abundant. The sputum consists of mucus which shortly becomes blood tinged. Later the sputum becomes much thinner and of a bright red color, it then contains enormous numbers of plague bacilli in almost pure culture. The typical rusty sputum of croupous pneumonia has not been observed. The conjunctivae become infected and the tongue coated with either a white or a brownish layer. The expression is usually anxious and the face assumes a dusky hue. Labial herpes has never been observed. The patients sometimes complain of pain in the chest but usually this is not severe. Apart from the disturbances due to the dyspnoea and their anxiety for their condition; they usually appear to suffer but little and usually do not complain of pain. In the later stages of the disease the respiration becomes greatly increased and the dyspnoea is usually very marked; the patients frequently gasp for breath for several hours before death. Cyanosis is then common. The signs

of cardiac involvement are always marked in advanced cases, the pulse becoming gradually more rapid, feeble and running; finally it cannot be felt. Gallop rhythm of the heart sounds are frequently observed. Death takes place from cardiac paralysis and exhaustion. The patients frequently succumb after slight physical exertion, such as sitting up in bed to take nourishment or on being moved. A few hours before death, the temperature often declines to below normal. Delirium and coma are frequently present before death. The urine in the later stages may show the presence of albumin. Bloody diarrhoea is occasionally observed. In the primary septicaemic cases, the course of the disease is very rapid. There may be no manifestations of disturbances of the lung. The cardiac symptoms are very prominent. The patients soon pass into a comatose condition and die. The duration of the disease is usually less than two days, though many cases did not live longer than sixteen hours after the onset of the symptoms. Cases sometimes survive for three and, more rarely, for four days. In no case reported was the duration over one week.

Prognosis and treatment. No method of treatment appeared in any way to have been successful. Treatment with serum seemed, in a few instances to have prolonged the illness.

THE RELATION OF MENTAL TO PHYSICAL WELFARE IN A PATIENT¹

By JANE P. COX, R.N.

Natchez, Miss.

In our war with sickness, the mind suffers as well as the body, and I venture the statement that, with all our superb equipment to minister to physical needs, most of the failures of good physicians and nurses are due to their ignorance of or indifference to the patient's mental needs.

Let us consider first that most easily-determined of the patient's psychic processes, his attitude, by which I mean his behavior or conduct. It is this relation to sickness and treatment which we should understand and be able to influence.

Illness is an abnormal condition. How quickly the spirits droop under the touch of even a mild illness. The body is a sensitive instrument, sensitive to every touch of the mind. We do not question today the direct and positive influence of the mind upon the circula-

¹ Read at the fifth annual meeting of the Mississippi State Association of Graduate Nurses, October 29, 1915.

tion, blood pressure, secretory glands, digestion, respiration and nervous reaction. The interdependence of mind and body is now so obvious that we are indeed to blame if we neglect in study and treatment either of the twain.

"Health is fundamentally a mental state." We can class patients in two groups: one, the salt of the earth recognizing their duty to others, whether sick or well; the other weaklings, that great army for whom sickness constitutes the excuse for failure. The normal attitude of the patient is uncommon. What a joy, yes, an inspiration, is the hopeful coöperative patient, feeling and expressing gratitude for the earnest and faithful services of his nurse and physician. Why are not more patients hopeful? The tendency of disease is toward recovery. The average person is probably ill several times, he dies but once.

It would appear that if the patient possessed reason, he would have faith in the principles and details of his treatment and would coöperate with his nurse and physician in their efforts to restore health; but trusting, coöperative well men are not common, and sickness all too frequently changes even their attitude.

The disorders of attitude are so numerous we will only consider a few; namely, the selfish, the indulged, the sensitive, the indifferent, the lazy, the impulsive, the hopeless, the conceited, the superstitious and the depressed.

The selfish patient is, perhaps, one of the most common types. With the advent of sickness he becomes the center of his little universe and there is nothing too good for him or too bad for the rest of us. Some of the most difficult cases of chronic nervous illness prove to be a disability-increasing partnership between the selfish patient and an over-loving parent. Many a physically sound neurotic has lived in fat and plenty on the slavery of a toiling and loving family.

With the sensitive patient, it's a pain here, a discomfort there, an ache, a burning, an itching, a throbbing, an unbearable weight, a choking, a fullness, a giddiness, a misery, the worst ever, never-ceasing, agonizing, excruciating. These with all adverbial modifiers constitute the sensitive patient's description of life. The poor mind feeds upon itself. How one longs to rub this patient in the soil of honest work until simple bread and meat and a couch on the bosom of mother earth stand for happiness. The sensitive patient is often the indulged patient and here she comes—they're carrying her up the hospital steps and oh! so gently they deposit her in her room. Now there's hurrying and scurrying to open this window and lower that; to wrap this rug about her feet; shade her eyes; get her pillow under her back; loosen her dress at the neck; give her something to revive her; fan her; rub her

hands. Oh yes, she can keep two nurses and two doctors on the jump. Poor thing, she has been traveling twenty-four hours and is all worn out! A hundred and eighty pounds and what a mess of protoplasm it is! Look at her coddling apparatus: a special time-worn back-pillow, three hot water bottles, several varieties of soap, one for her face and hands and another for her feet; smelling salts, drinking glasses and tubes, and other articles too numerous to mention. Then there are her medicines, eighteen separate forms of medicine for eighteen several disorders, all numbered and labeled with their respective objects. There are constipation medicine, diarrhea medicine, medicine for gas in the stomach and gas in the bowels, headache medicine, backache medicine, tablets for vesical irritability, liquid for renal inactivity, medicine for chills, medicine for biliousness, sleep medicine and, last and most prized of all, medicines for gallstone colic, always kept near the patient in her handbag.

How would you like undertaking the rehabilitation of one so possessed, so chronic?

I will tell you how one such as I have described was treated. The patient was isolated with a trained nurse. In his first visit to the patient, the physician in a clear and forceful manner explained how all her aches, pains and diseases, so called, were but manifestations of a central nervous defect, termed hypersensitiveness. A careful explanation was made of the unquestioned suffering of the nervous system and it was shown how a poisoned nervous system could reflect its discomfort into every part of the body and that instead of the eighteen medicines to inadequately control eighteen disorders, she would be given one medicine which, as the days went on, would mitigate the sensitiveness, the mother of all her pains. This one medicine was half a teaspoonful of tincture of asafoetida in one-fourth cup of hot water, every half hour, p. r. n. Each day she was forced to give up some of her coddling apparatus, first the special back-pillow, then one hot water bottle went, then another; windows were gradually opened and the shades raised and later a few shocking drops of cool water were added to her bath. The second psychic lesson she comprehended was that she had made her nerves her enemies and not her friends and the third and hardest was that liberty from her thralldom lay in the welcoming of the uncomfortable and in conquering her almost insane sensitiveness by deriving satisfaction from her ability to stand one discomfort then another.

From a high proteid diet she was reduced to calories adequate to her real needs. There was many a fight between inclination and her new conceptions. There were miserable half hours now and then, yes,

there was open rebellion, but the nurse pursued the even tenor of her way and orders were carried out to the letter on the minute. In seven weeks she was taking her first feeble steps, four months later, at the end of her treatment, she was walking two miles a day and doing some house work. This woman could not have been cured at home. She was of a highly suggestible type, (and it was to this suggestibility that the rapid recovery was due), it was necessary for her to be surrounded by an absolutely new atmosphere, where all possible suggestion of the old life was shut out and where she was shut in with rational, wholesome, health-making ideals. Home should be, but too often is not the best place for the nervous patient.

The indifferent, apathetic, patient appeals strongly to our desire to help. He may be dull of wit and hopeless. More often he is an unfortunate who needs the stimulation of our hope.

The lazy patient is not so tragic a figure, yet in the face of many chronic illnesses, hard work on the patient's part is the only possible avenue to restoration. Sickness breeds laziness and again nature takes revenge on a life of inactivity; inactivity is discordant with life.

How often our most nicely-wrought calculations come to grief through some vagaries of the impulsive patient. Under your influence the course of treatment is most enthusiastically entered upon; a whim, and it is off! Impulse follows impulse and the nurse who tolerates such conduct is a Job or a dawdler. The impulsive patient has never mastered self, for self mastery implies progress toward a better self, mental or moral.

How our hearts are touched in the presence of the hopeless patient! Hopelessness is a mental pitfall dug by those who live with their failures. If we can turn the eyes of these sufferers from the past to the future, there are indeed few to whom we could not extend some ray of hope.

Some of the most entertaining of our patients are the conceited sufferers. They form two groups—those whose feats in illness have never been equaled, whose cases have never been understood, their conceit is of their suffering. The second group is larger, possibly, and embraces those whose opinion of their own judgment is so exalted that they can rarely agree with you and when, grudgingly, they accept your direction you may be sure they will show you that you are wrong. Of little worth is your ability in their hands, for it is generally some advice of theirs which you followed that successfully terminated their illness.

How potent is supersition in its grip upon the sick! Simple as seem these gross supersitions, let us not forget that many of the intelli-

gent are secretly influenced by unreasoning fear of the supernatural, luck, or omens, and cannot coöperate with treatment contrary to these fears.

The depressed patient is to be pitied. We are too prone to thoughtlessly, and sometimes impatiently, attempt to "jolly" these poor sufferers or ridicule them into a different attitude. The depressed patient is suffering mental pain and a few moments given to thoughtful, sympathetic analysis of the cause of this attitude will often help the patient.

In conclusion I wish to say a few words in regard to the insane. Notwithstanding the great change which has taken place in the opinion and practice with regard to mental diseases within the last century, there are still persons who, if invited to visit an insane hospital, would look on the proposal in much the same way as a proposal to visit the zoo and inspect the wild beasts. To me one of the saddest chapters in human history is that which describes the cruel manner in which the insane were treated in times gone by. Happily that is a thing of the past. It would certainly be vastly convenient and would save a world of trouble, if it were possible to draw a hard and fast line and to declare all persons who were on one side of it sane, and all persons who were on the other side of it insane, but a very little consideration will show how vain it is to attempt to make such a division. That nature makes no leaps, but passes from one complexion to its opposite by gradations so gentle that one shades imperceptibly into another, and no one can fix positively the point of transition, is true in respect of sanity and insanity. Insanity does not mean one disease to be diagnosed by a single mark, but a variety of diseases, each of which has more or less characteristic features, its special course, and, more or less, its special cause, and its particular termination. As every case of mental disease is a law unto itself, so must each be individualized and treated upon its own merits. There can be no wholesale management. Quickness of perception, kindness, tact and good judgment are qualities indispensable to the success of the nurse who cares for the insane. Kindness (and this implies thoughtfulness, attentiveness, conscientious devotion; sentiments which find their reflex in judicious, well-directed effort); finds its chief expression in good deeds.

I deplore the fact that many of us shirk nursing the insane. From among nurses caring for the insane, whom I have known, there might be constituted a group, than whom none could be more loyal, true, devoted and self-sacrificing. If their merits have sometimes seemed to fail of appreciation they at least are entitled to the comfort that springs from the reflection, "Charity ever finds in the act, reward."

ALCOHOL AND THE NERVOUS SYSTEM

BY MORRIS J. KARPAS, M.D.

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PART II

Effects of chronic alcoholism.—The effects of alcohol upon the human economy are vast and as a causative factor of mental degeneracy this agent exerts a direct and indirect influence.

A. Direct influence of alcohol. Upon the soil of chronic alcoholism many forms of mental diseases of varied intensity, course and duration may be developed. The statistical data bearing upon alcoholic types of insanity are variously estimated by different observers. In Germany, the statistics range from 10 per cent to 40 or even 50 of all admissions. In England, 22.5 per cent of insanity of male and 9.2 per cent of female patients are attributed to immoderate use of alcohol, and Ireland shares the same rate. In the United States, the statistics are about 10.1 per cent of all insanities in the various hospitals. This expresses the total average, including the "dry" states; thus the relatively low percentage of alcoholic insanity is quite apparent. In New York State hospitals, 15 per cent of male and 5 per cent of female patients are afflicted with alcoholic forms of insanity. It should be borne in mind that these figures do not express the entire alcoholic insane population, for a number of patients are accommodated in special alcoholic wards of general hospitals or are treated at home.

Before outlining the different types of mental diseases, it is important to describe the mental characteristics of chronic alcoholism.

The manifestations of chronic alcoholism are well defined. There is a gradual and progressive alteration of a man's personality; he becomes irritable and excitable; is inclined to be morose, sulky and moody; in his manner he is rude and uncouth: he loses his interest in the family; has little or no paternal affection for his child; he is egotistic and egotistical; the higher ethical sense is distorted; his memory becomes feeble and judgment faulty; superficial wit and obscenity are in the foreground. There is lack of proper control over his instinctive life, he commits gross sexual acts; he becomes jealous of his wife and sweetheart and, indeed, his suspicion has little or no foundation; his will-power is much reduced and criminal outbreaks are not infrequent. Of course the individual coefficient is of great importance in controlling and modifying these symptoms. In addition, some of the vital organs may show disease. For instance, the patient may suffer from chronic gastric catarrh, enlarged liver, arteriosclerosis, chronic bronchitis, etc.

There is also a coarse tremor of both hands and tongue, some sensory disturbances, and the healthy bodily activity in general is much reduced.

Upon such a soil definite mental diseases frequently develop, which may be enumerated as follows: (1) *delirium tremens*, (2) *acute hallucinosis*, (3) *Korsakoff psychosis*, (4) *pathological intoxication*, (5) *alcoholic paranoia*, (6) *dipsomania*.

Delirium tremens is also termed *mania a potu* and to a layman it is known as "Horrors." It is essentially an acute mental disturbance developing in habitual whiskey drinkers and the male sex is in preponderance. Not infrequently injury to the head may precipitate the attack. The onset is sudden and the clinical picture may be divided into three phases. First Phase, During this period insomnia, restlessness, fear, dizziness, headache, gastro-intestinal disturbance, tremor of the hands and tongue and facial muscles are in evidence. In some cases epileptiform convulsions may occur. Second Phase, The patient is in a state of delirium; shows marked motor unrest and general tremulousness; he talks rapidly and his productions are delirious and contain hallucinatory reminiscences; he mistakes those about him (illusions); he sees imaginary things, such as snakes, rats, mice, insects and the like (hallucinations) and perceives them creeping on his body and is busy driving them away; sometimes he may hear voices speaking to him, but these are rather misinterpretations of actual sounds; his attention is much disturbed; he is confused as to his whereabouts and his time relations are distorted (place and time disorientation); he imagines that he is at work and occupation delirium is quite a prominent symptom, for instance, a truckman believes he is driving his horses, a cobbler, fixing shoes, etc. Despite these morbid experiences the patient is quite humorous and euphoric. Although he is confused for recent experiences, his memory for remote events is fairly good and indeed he is able to give a good account of himself, provided his attention can be controlled. Physically he appears sick, the temperature is high; albumen is found in the urine; there is a deep and cold perspiration; tongue coated and tremulous; speech is thick and articulation is not clear; station and gait are unsteady; pupils are dilated; cardiac activity is weak and in some instances actual diseases, such as pneumonia, etc., may be complications. Third Phase, As a rule the delirium terminates in deep sleep, and upon awakening the patient is quiet and composed. The mental symptoms disappear, but his memory for the acute period is either completely or partially lost. The duration of the actual delirious period is from twelve to thirty hours or more; the average duration of the entire attack is from three to five days or longer. The prognosis of the attack is good; however, in 10

or 15 per cent of the cases, death may result, usually caused by pneumonia, general exhaustion or cardiac dilatation. Some cases may pass into a state of mental deterioration.

Acute hallucinosis. In this clinical picture, hallucinations of hearing, which are usually of an obscene or threatening character, are the dominating symptoms. Emotionally such patients are depressed, apprehensive and fearful. They are inclined to be restless and anxious. In order to escape from their imaginary foes, who are constantly pursuing them by calling them bad and vile names, they frequently resort to suicide. However, they are usually clear as to their environment; they know the day, month and year and are able to give a coherent and consistent account of themselves without manifesting any impairment in memory or general intelligence. The recovery is usually complete, although in a small number of cases the course of the symptoms may assume a chronic form.

Korsakoff psychosis, or polyneuritic psychosis. This is essentially a chronic mental disease of an unfavorable termination. It is characterized by mental and physical symptoms. a. Mental. The patient shows considerable confusion and he concocts numerous confabulatory stories which are often absurd and without foundation. Indeed, he could be easily influenced, with a little suggestion, to fabricate indefinitely. Although he is confined to bed by reason of his being paralyzed, yet he cheerfully maintains that he goes to work daily, visits friends, meets acquaintances, frequents saloons and carries on his daily routine business. He mistakes those about him; he is not clear as to his surroundings and his time relations show a grave defect. A very characteristic symptom is the poor retentive faculty, the patients forget names of the nurses or physicians, cannot retain simple numbers or colors, and no matter how often they may be repeated to them, yet they forget them with the utmost ease. The memory for remote happenings is also poor. The patient appears good-natured and quite content; at time he may become lachrymose, but this is of short duration. He has absolutely no appreciation of his serious condition and his judgment faculty is much affected. b. Physical. In this type the patients' eye-balls show twitching in various directions and this condition is known as nystagmus; the pupils are irregular in outline and at times their reaction to light and accommodation is rather poor. Paralysis of the upper and lower limbs is invariably present; this is due to the inflammation of the nerves which is caused directly by the alcoholic poison. When such limbs are palpated, marked tenderness is elicited. Also -footdrop and wrist-drop or both by reason of the paralysis of the

muscles are noticed. The knee reflexes are abolished. There is also a tremor of both hands and tongue and the patients are unable to stand or walk because of the paralyzed legs. In addition, other diseases of the body may be present, such as enlarged liver, gastric catarrh, pulmonary affection, etc.

Pathological intoxication. This is an acute mental upset which is of short duration, lasting about fifteen minutes or more. This condition develops in chronic alcoholics who in addition are also afflicted with a psychopathic constitution, such as epilepsy, hysteria, constitutional inferiority, etc. During the attack the patients are excited, aggressive, misinterpret things, hear imaginary sounds and show fear and perplexity. As a rule sleep soon supervenes, and upon awakening the patient shows a complete or partial amnesia (loss of memory) for the acute episode.

Alcoholic paranoia. This is characterized by delusions of jealousy which are directed against the wife or husband as the case may be. In addition, hallucinations of a sexual coloring and misinterpretations of occurrences are present. Such patients are very dangerous, as they are liable to commit homicidal attacks upon their imaginary enemies, whom they believe to be involved in the conspiracy. The patients are inclined to be irritable and suspicious; however, memory does not show impairment and consciousness is clear.

Dipsomania. Strictly speaking, dipsomania does not belong to the group of chronic alcoholism. This term implies a recurrent uncontrollable craving for alcohol, and indeed in the interim the patient is temperate or even a total abstainer. The attack is usually sudden in onset and the patient may drink for several days to such an extent as to bring about complete intoxication. Finally he goes into a deep sleep and upon awakening he shows amnesia for that period. The psychology of this peculiar mental state is variously interpreted; it is believed by some that it is an equivalent for an epileptic attack and others are of the opinion that it is a mild mental disorder of a temporary nature.

B. Indirect influence of alcohol. Professor Stockard's experimental work on animals showed that alcohol affects the reproductive organs and that the offspring is decidedly of an inferior character. From the clinical side, it is evident that the alcoholic parent plays an important rôle in nervous and mental diseases. In a large majority of cases of epilepsy, feeble-mindedness of various grades and other types of mental degeneracy, the alcoholic heredity is significant. It is also important to bear in mind that vagrancy, prostitution, delinquency and pauperism

are directly and indirectly determined by alcoholism. It is claimed that one out of four suicides in the United States is attributed to the intemperate use of drink.

In this paper an attempt has been made to present the alcoholic issue in all its phases and to show what an important position it occupies in medical science. The nurse should be thoroughly acquainted with these facts, as she is frequently placed in a position which enables her to correct certain erroneous conceptions entertained by the laity regarding the influence of alcohol upon health. It is still a common belief among certain people that alcohol is a food and a necessary stimulant, particularly during convalescence or during the lactation period. Here a nurse can do a great deal of good to dispel such wrong impressions. It cannot be too strongly emphasized that alcohol is not a food, and indeed Horsley and Sturge very truly state:

The truth is that the physiological effects of real foodstuffs on the one hand, and alcohol on the other, are totally different. Fats, carbohydrates and nitrogenous food after mastication at once begin to be digested and assimilated and to fulfill the true functions of a food by maintaining the natural temperature, pulse-rate, and tissue repair of the body without any disturbance of its mental and physical functions and activities. Alcohol, on the other hand, pursues a very different course. It is absorbed by the stomach, unaltered by the digestive processes; circulating in the blood in its original form, it at once interferes with the ordinary activity of the brain and other organs, and by its anaesthetic action hampers our mental and physical activities. It further interferes with the metabolism (i.e., living chemical processes) of the body. Meanwhile it will be agreed that it is unscientific to describe as a "food" any drug like alcohol, which so entirely fails to fulfill the functions of a foodstuff, or to come up to the standard of what we expect and obtain from genuine food, i.e., something which, while being wholly innocuous in its effects on the body, is also able to afford ample means of work production and of tissue growth.

It is true that in certain diseases alcohol is used as a stimulant, but this must and should be employed under strict medical observation and orders. As soon as the desired effect is produced, it should be discontinued and the patient discouraged from taking this beverage in any form as the alcoholic habit not infrequently fosters during such a period. Some are of the opinion that alcohol produces energy in the body, but "The use of alcohol," says Bastedo, "as a source of energy to the body may be aptly compared with the employment of sea-water in a boiler to produce steam. It will produce the steam and run the engine in an emergency, but if its use is continued, will eventually cause the engine's destruction."

When one fully understands this important question in all its forms the real significance of actual prophylaxis in nervous and mental

diseases can be deeply appreciated. Unquestionably the nurse can do much in diffusing true knowledge along this line and render inestimable aid to mankind. The intemperate use of alcohol produces physical and mental disease; increases misery; accentuates pain and anguish; and causes the downfall of many a man.

NURSING IN "LITTLE ITALY" IN THE OZARKS¹

By CLARA WISE, R.N.

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Having had twelve years of private duty nursing in and around a small town in the Ozarks, during a period when the people in that section were being educated to the nursing profession, there have come to me, probably, more than the usual number of unusual experiences. These have woven themselves into a web of memories that is very checkered, but the instances have crowded themselves into the web, one after another, in a way that makes the telling rather difficult. There stands out a few cases that were interesting to me, because of the extraordinary circumstances attending them. One of these I shall attempt to describe.

It was, perhaps, ten years ago, and on one of those depressing hot days late in July, which precedes an electrical storm. One of the doctors called me to go with him to a place some ten miles from town, where he was to perform an operation for appendicitis. The patient was one of a colony of Italians, which made up the population of the settlement called "Little Italy." The day was depressing, the dust stifling, and the drive disagreeable in the extreme.

On arriving, we found the patient in a hovel that had none of the necessities, to say nothing of the comforts, of the average American home; no furniture, no stove, no dishes, no sheets or towels. The bed consisted of an immense feather bed, that had come over in the steerage from the Fatherland, it was on a frame made of four soap boxes with planks laid across. The dirt and the flies are not to be described.

The yard was full of neighbors, the younger generation, of whom, the grandmother of the family "shooed" off many to the barn, as if they were fowls, and locked them in.

In response to the doctor's orders, previously given, to have plenty of boiled water, we found a zinc tub in the yard full of hot water, on the surface of which were floating sticks, chips, daddy-long-legs, etc.

¹ Read at an annual meeting of the Arkansas State Nurses Association.

We managed to sterilize the dressings and instruments in the fireplace, in the tray of the instrument case.

The operating table was improvised from a small pine table and the soap boxes, that were just relieved of bed-post service.

The operation proceeded; in the course of it, I found myself administering the anesthetic, holding the irrigator, and "shooing" flies. It was difficult to find anything in which to make the saline solution, and while going to the yard for the water, the storm broke, and the water came down in bucketfuls, falling, of course, into my so-called, sterile water.

After the operation, we found they were preparing dinner for us, which, so far as we were able to discern, consisted of a fowl cooked over the fireplace. The interpreter insisted that the fowl was a duck, but the doctor pronounced it crow.

The most remarkable thing is that the patient recovered rapidly. I came home with the doctor, but returned twice to do the dressings. It was rather difficult to leave orders, as no one spoke English except one man, who spoke it very brokenly, and acted as interpreter. To him, as we were leaving, the doctor kept shouting, as if to make up for lack of understanding by vehemence of voice, one order: "Nothing in his stomach, nothing in his stomach."

Another case, which was quite as unique in a way, consisted of the same sort of operation, but differed, in being among American people and on a raw cold day in November.

The drive was twenty miles, the roads rough and muddy; we forded White River nine times. It seemed to me an interminable distance, we left the main road and proceeded up the bed of the river, over boulders and through ravines almost impassable. The doctor cheered me occasionally by remarking that "We must be nearly there as we cannot go much further," and indeed it did seem that the mountains were all around us. Finally, to our relief, we came in sight of a building which proved to be a saw-mill and, a little farther on, came in succession and in order of size, a dwelling house, a chicken house, and a pig pen, filling by their arrangement the area of a triangle formed by a bluff on one side and a creek on the other, the pig pen occupying the apex of the triangle and the creek running peacefully through the backyard.

Here also, we found the neighbors gathered, with the local doctor, a very self-assertive little man, who was not full fledged, but very enthusiastic.

It was not fully decided whether or not there would be an operation, and we walked the yard in considerable impatience, as it was

growing dusk and we well knew the lighting facilities were very poor. Finally the decision was made in the affirmative, and there was apparent pandemonium, in response to the doctor's orders to "clear and clean the room." During the process, the doctor, who had been out of the room, on looking around remarked dazedly, "Why, where's the stove?" I looked around to see the young doctor just disappearing through the outer door with it. Chilled and numbed as we were from the drive, the doctor was very patient in his request, "Well, bring back the stove."

As we were preparing for the operation, a long, lank neighbor who, I suppose, thought he would be loyal to friendship, stationed himself in the room, remarking that he "was going to stay right thar, and see that Jim was treated right," a little later added, that if he was Jim, while they was cutten, he's just have them cut out the other appendix on the other side. He watched everything very closely and, during the operation, finding that the sterile sheet obstructed his view, he reached out his rusty, grimy hand and moved it away from the incision. (I presume he was looking for the other appendix.) The surgeon's face was a study and his wrath appalling. My feelings I shall not try to describe, but having nothing more that was sterile, I simply pinned it back as best I could.

As before, the extraordinary thing was the complete recovery of the patient and also, of the big man who measured his length on the ground outside the closed window during the operation, which incident he attributed to "that 'ere medicine the doctor used."

There was a five-months-old baby who, the mother said, had been "puny" ever since the day it ate "them air beans."

I stayed twelve days and removed the stitches. My stay was very pleasant in Hazel Valley. I came home by horseback and rail. It was seven miles to the railway station, and for my transportation I was provided with the "gentlest nag on the place." Never having ridden a horse but once, that thought was very comforting. The road, this time, was a bridle path, straight up the mountain to the top. Then the descent began, which led to the very railroad crossing.

These incidents are only two, out of many others. There have come to me through the fleeting years the purest pleasure, the keenest pain, the making and the breaking of the dearest ties of association and friendship; the heartache of sympathy, and the backache of physical exertion but, withal, a contentment and joy that can come only from a loyalty to one's profession and an interest in one's fellow beings.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: LILLIAN S. CLAYTON AND ANNA C. JAMMÉ

THE CURRICULUM (*Continued*)

Following on the foundation sciences and the elementary principles and practice of nursing, which the pupil needs before she begins to undertake any responsible work on the wards, we next come to the formal instruction in the various branches of medicine and surgery and the nursing care of the patient in these conditions. Beginning in the second half of the first year, these subjects continue into the second year, and very often into the first term of the third year. It is usual to begin with general medical and surgical conditions and then proceed with the special branches of Gynecology, Orthopedics, Pediatrics, Obstetrics, Communicable Diseases, Diseases of the Eye, Ear, Nose and Throat, Nervous and Mental Diseases and finally such special conditions as Skin, Occupational and Venereal diseases. Such courses of study may run parallel with one another, since they are usually taught by different specialists. The ideal method of handling such subjects is undoubtedly the clinic method, where the pupils are taken to the bedside and the special features of the disease are pointed out. Some lecturers combine the lecture and clinic methods very successfully.

Many schools find it necessary to supplement the lecture or the clinic of the physician by a class or quiz, which is conducted by a nurse who is specially qualified in that subject. In this class the main points of the lecture are discussed and their application to the nursing care of the patient is emphasized, new or special nursing procedures are demonstrated, and the whole tied up to the pupils' every day experience in the wards. The most logical person to conduct such classes is the supervisor or head nurse of the department which specializes in the diseases in question, whether it be the department of obstetrics or children's diseases, or gynecology.

The practical experience on the wards follows the same general order, so far as possible, beginning with the general medical and surgical wards and working on into the special branches. The demands of the hospital usually interfere with this ideal arrangement, however, and some compromises must be made, which cannot be defended

on educational grounds. It is generally considered advisable to have a course in Operating-Room Technic with operating-room training, precede the course in Obstetrics, which may be given in the later part of the second or the earlier part of the third year. A place must be found also in the second year for some advanced work in the dietetic treatment of disease, especially infant feeding, which is every day becoming a subject of greater importance. This should run parallel with the lectures on the Diseases of Infants and Children, if possible. The newer therapeutic measures such as Hydrotherapy, Electrotherapy, X-ray, Psychotherapy, Occupation therapy, etc., must not be overlooked. Even though the pupil nurse does not as yet administer and handle these agents, as she does the older forms of treatment, she should understand their purpose and mode of action, and be able to intelligently watch their effects.

The series of lectures on special therapeutics should run parallel to the lectures on Nervous and Mental Diseases, or follow them. If at all possible, this course should include a series of classes with practical work in invalid occupations, but as yet it has been difficult to secure suitable teachers for this subject.

All of these subjects, so far, have been directed toward the better understanding of the conditions met in the hospital and the more effective care of hospital patients. There is a growing feeling that the pupil nurse must also be prepared in some more definite way for the conditions which she is to meet in the different branches of nursing outside the hospital. This does not mean that the training school should train specialists or experts in all these many branches, but that the pupils who have to choose, should know what all these fields represent and should be able to judge their own aptitude for and interest in such work.

A number of prominent schools have already begun to accept the idea that the last four to six months of the course should be devoted to this kind of preparation. First should come a survey course dealing with Modern Developments in Nursing and outlining the various fields into which nurses enter; then a short course dealing with Modern Social Problems and Social Agencies. This would put the students in touch with the larger social issues of the present day and show them their relationship to them. A course on Municipal Sanitation and Public Health would take up the problems of city and rural sanitation with which nurses need to be familiar, whatever field they may enter. Then there are those professional problems which confront every nurse, ethical, economic, educational and legal, which they must be prepared to meet in the right way, if they are to be worthy members of the profession.

If the nurse is going to try her state examination, she needs a review course, and this can probably be best accomplished by quizzes and demonstrations which would "freshen up" every subject in turn and correlate them. Considering the new situations into which the pupils will be launched and the special problems of private duty, visiting nursing, Red Cross work, etc., which they will meet, considering also the undoubted fact that the new graduate, trained in the elaborate and unvarying technic of the hospital, often lacks resourcefulness and assurance in applying her principles under new conditions, it would seem well worth while to have a series of nursing demonstrations in this final year, which would not seek to reinforce hospital methods, but would stimulate resourcefulness and quick adaptation to typical situations outside the hospital. First aid work, which is often overlooked in the regular training, could be emphasized here also.

The question as to whether or not the pupil nurse should have some opportunity, in this part of her training, to elect additional work in some special branch or department of the hospital, has been much discussed. With the demands of the hospital to be met, it would perhaps be impossible for the superintendent of nurses to allow free choice of assignment, even for such a short period as two or three months, but if it could be arranged, it would be very desirable for the pupil to have a chance to make a more extended study of some one branch of work in which her interest lies, such as obstetrical nursing, or surgical work, or children's nursing or operating room work or dietetics. The practical work should in such a case be supplemented by conferences and case studies, with readings and possibly a small piece of investigation to work out. This would show the pupil's ability to observe for herself, to gather together and arrange facts, and to present them in acceptable form.

A rather different kind of specialization is offered in some schools, and the demand seems to be on the increase. This would provide for limited instruction and experience (three to four months), along the line of one of the three main branches of nursing into which graduates go; namely, Institutional work, Private Nursing, or Public Health Nursing. As stated before such a course could not be considered in any way as an adequate preparation for positions of responsibility and leadership, but would simply introduce the pupil to that branch and enable her to choose her after work more intelligently. For those wishing to continue in institutional work, a short course of lectures and conferences dealing with problems of institutional housekeeping would serve as an introduction to the work of a head nurse or supervisor, while a similar series of talks and conferences would deal with

the special problems of the private nurse and the assistant, social service, or visiting nurse. In the latter branch, the experience will usually have to be secured through a visiting nurse association outside.

There are several other subjects which we should like to see represented here. Psychology seems most important, and some day it may be possible to include it. In the meantime we can try to squeeze a little into our courses in Ethics, and possibly in the courses on Nervous and Mental Diseases. Public Speaking, Parliamentary Law, English, Languages, and Current Events are all represented in a few curricula, but until we can cover the fundamental subjects better, it seems wise to omit these, except, perhaps, as outside interests, which could be elected by those who wish. I have no space here to speak of clubs and social activities which should supplement the curriculum, but these are valuable educational helps.

The question of the relative amount of time to be given to these subjects in the curriculum depends, of course, on their relative importance to the pupil nurse in view of the present and future responsibilities for which she is supposed to be preparing. I have seen in one curriculum, twelve hours assigned to Bandaging, and two to Bacteriology and Hygiene; in another twelve hours were given to Dietetics and eight to Public Speaking. Does that express the relative value of these subjects to the pupil nurse? Every one of these subjects is important, of course, but some are more vital than others and must take precedence,

The same principle holds in the arrangement of practical experience. Many nurses leave their training with nine or ten months of night duty to their credit and no experience with children, though there is scarcely any field in which they will work, where a knowledge of the nursing care of infants and children is not urgently needed. Many pupils have spent over one year on special duty with private patients, often on more or less chronic cases. Such work cannot for one moment be compared in educational value with the experience which one gets in a large general ward with an acute service. Everyone agrees that it is not the time one puts in that counts in hospital training, nor even the number of cases that pass through one's hands, but the thoughtful, careful observation and study of a wide variety of cases, with good teaching and head-nurses and doctors to check up one's work and call attention to the significant features which otherwise are overlooked in the headlong rush of a busy ward. If only twenty minutes could be given each day to a conference of the head-nurse with her pupils, where the special features of the new cases could be explained, treatments outlined, and the signs of change or of progress noted, it would mean more to the pupils than hours and days of unmeaning routine.

(To be continued)

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Queen Elizabeth of Belgium is said to hold the degree of Doctor of Medicine. It will be remembered that her father, a Bavarian prince, was a skilled oculist and used his skill for the benefit of the poor.

There are forty-three dentists employed with the British Expeditionary Force in France beside a number attached to the Canadian contingent.

A private named Woods, who was rendered dumb by the shock caused by the parapet of a trench falling on him, recovered his speech in hospital when his mother appeared at his bedside. He at once exclaimed "Mother!" and has continued to talk freely.

It is stated that the Allied prisoners are well treated at Ingoldstadt, a prison camp near Munich. They are visited by the authorities of the American Hospital there.

Some of the Belgian wounded have formed an organization called Les Petites Abeilles, The Little Bees, as an auxiliary to the committee of relief. It is looking after one hundred or more of the baby canteens. They prepare food for babies in arms, up to children three years old; it is as carefully done as by nurses in settlement work, or welfare nursing. The results, under the terrible conditions of privation existing, are remarkable.

A party of British nurses has arrived in England after a journey across the snow-covered mountains of Albania. They encountered a blizzard while crossing a mountain 8000 feet high. They retreated from Serbia with the Serbian army and endured great hardships from cold and hunger.

A hospital for the wounded at Wimereux, France, near Boulogne, occupied by sixty patients was destroyed by fire. All the wounded were removed from the burning building without accident.

Ambulance dogs employed in the German army are trained not to bark when they find wounded, but to return and fetch their masters. There are said to be 1700 ambulance dogs and that they have saved 4000 lives. There is a special dog hospital at Jena, where exhausted or ailing dogs may recruit.

The Berlin Electric Tramways Company has installed twenty women

in the place of as many motor men. They passed satisfactory tests and if they acquit themselves well in actual service the number is to be largely increased. There have been practically none but women conductors on the tramways in German cities for many months.

The French Government has ceded to the British Government in perpetuity, land for British graves in France.

This is the women's year, all occupations are open to them and they may be found filling many unwonted positions. In England educated women are acting as accountants, draughtsmen, analytical chemists, supervisors in munition works, and agriculturists. A leading insurance company has appointed a woman inspector.

Eight Russian soldier prisoners who escaped from various German camps arrived in England, having successfully evaded recapture. They met, not knowing that each of the others had escaped, and reached England on the same boat.

Nearly sixty ladies who are skilled in the Braille system of reading and writing for the blind come every day to teach it to 130 blind soldiers who have lost their sight on the battlefield. They are housed at St. Dunstan's, the house in London lent by Otto Kahn, the American financier. They learn typewriting and other occupations and some who have left the house are already self-supporting, with the aid of their pensions.

There is a military hospital in London managed entirely by women, from the porter at the gate to the principal medical officer. The hospital staff numbers about eighty.

The *Lancet* describes several cases of shell shock in soldiers treated by hypnotism. These included men suffering from complete loss of memory, loss of voice, stupor and spasmodic movements. Twenty-six per cent of the cases were completely cured and the same proportion showed distinct improvement. Thirty-five per cent failed to hypnotise and the remaining 13 per cent were not improved after hypnosis.

So scarce have supplies of ordinary string and twine become in England that it is now manufactured from paper. It is exactly similar in appearance to the genuine article and it is difficult to detect the difference. It is suitable for tying fair-sized parcels.

Italian soldiers, fighting in the Alps against the Austrians, are clad in armor resembling that worn in the Middle Ages. Even the neck is protected with a steel net-work. It is especially used by snipers.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

ITEMS FROM THE TOWN AND COUNTRY NURSING SERVICE

BY FANNIE F. CLEMENT, R.N.

Abbie Roberts who has been with the Red Cross as Supervising Nurse for nearly a year and a half, has been obliged to give up her work on account of ill health. With her genuine concern for the best interests of the nurses which she has had much at heart, and because of the loyal service which she has rendered in these early days of the Town and Country Nursing Service, the loss of Miss Roberts to the Red Cross is keenly sensed. May all good wishes for complete restoration to her usual health soon be realized! Emma Wilson, a graduate of Johns Hopkins Hospital, has been appointed a supervising nurse to the Town and Country Nursing Service. Miss Wilson was employed as school nurse in the District of Columbia before coming to the Red Cross. After taking the course at the New York School of Philanthropy, she spent several months at Henry Street Settlement. Later she took charge of the welfare work of the Social Service Corporation of Baltimore. She has served as substitute nurse for one of the Red Cross visiting nurses in a West Virginia community.

Comparison of experience and interchange of ideas, made possible through "get together" meetings, are usually invaluable to those present, wherever even two or three visiting nurses in any locality can meet for free discussion of mutual problems. The Michigan Red Cross visiting nurses have been the first group to create such an opportunity. In December they arranged to spend an entire day together in Grosse Pointe. Representatives from Alpena, Kent County, Ann Arbor and Grosse Pointe were present, the nurse from Monroe being unable to attend. The forenoon was spent in informal conference when mutual interests were discussed, while the afternoon was given over to social enjoyment. A second meeting is planned at Ann Arbor.

This year, for the first time, an invitation was sent out to nurses and nursing organizations associated with the Town and Country Nursing Service to attend the annual meeting of the Red Cross. Although the associations were represented by but one lay member,

seven communities sent their nurses to Washington. Those were: Miss I. C. Johansen, Grosse Pointe, Mich.; Mary Balmer, Cambridge, Md.; Louise B. Purdy, Warrenton, Va.; Eva Schied, Franklin, N. J.; Rose R. Schaub, Palmerton, Pa.; Lena Townshend, Hot Springs, Va.; Florence D. Fuller, Wayne, Pa. On the afternoon preceding the general Red Cross sessions, these nurses met at headquarters and each gave an outline of her work. Methods used by visiting nurse organizations in financing their work were discussed, as well as living accommodations and conveyance of the nurse, coöperation of the doctors, collection of fees, and other questions concerning the administration of visiting nursing in the smaller communities. The luncheon for delegates held the day following, where all the visiting nurses were gathered around one table, as well as numerous informal meetings, afforded opportunity of knowing each other better and of promoting that sense of a common cause needed to unite our widely scattered workers.

The demand for qualified visiting nurses continues to increase and inability to fill many positions, particularly from the south, makes one realize the urgent call to which nurses must respond in greater numbers if they are to adequately meet the obligations for community service which are indisputably theirs. Twelve nurses are now taking post graduate courses in Boston, New York and Philadelphia, preparatory to Red Cross service, beside several who are taking a four months' course, and it is very encouraging to find an increasing interest among nurses in obtaining a thorough preparation for visitingnursing. Until hospital training schools more generally include in their regular courses theoretical and practical training in public health work, post-graduate study becomes a necessity for those who enter this field, a fact which the laity, as well as the nurse, is gradually realizing. Testimony is borne to this sense on the part of the community, when a nursing organization like that which started a visiting nurse service in a small community in Arizona, the first in the state, after failing to succeed with several nurses who had had no public health nursing training, called for a Red Cross visiting nurse, and in order to procure the services of a nurse who had had this training were willing to pay her railroad expenses across the continent.

Very often reports, entirely unsolicited by the Red Cross, are received which indicate results of the work of Red Cross visiting nurses that should be very gratifying to the individual workers, as they certainly are to those at headquarters. After eighteen months' service of Miss Kraft in Jerome, Ariz., the Board of Education writes:

The subject of the district nurse of Jerome was discussed during a recent meeting. We reviewed the sanitary and health conditions, not only of the

school children, but of the entire town, during the last two years, and the results have been most excellent in every regard.

From the Mayor comes the following message:

I consider Miss Kraft's work during her term of employment by the town to have resulted in a wonderful improvement in health and sanitary conditions, which conditions are reflexed by the reduced death rate and the fact that we have not had occasion to spend a lot of money on quarantine guards in an endeavor to control outbreaks of contagious diseases, which has been the heaviest expense of the Health Department in past years.

As one of the splendid results of the year's work of Eva Schied, employed by the New Jersey Zinc Company in Franklin, N. J., the School Board and Board of Health have appropriated funds for a Red Cross visiting nurse who will serve as school nurse and sanitary inspector. Such a position as Sanitary Inspector, coming within the Sanitary Inspection Service of the New Jersey State Board of Health, it is understood is the first to be filled by a woman.

The Chairman of the Board of Supervisors of Kent County, Mich., has taken a rather novel way of illustrating what the services of the visiting nurse have meant to the county during the past year. He brought before the members a boy who attends one of the township schools. "This boy was born blind," he said. "When Miss Van Duzor found him, the parents had about given up trying to do more. They were discouraged and had applied to get the boy into the school for the blind. Once there, he would have become a steady burden on the tax-payers for Lowell township. Miss Van Duzor brought him to Dr. D. Emmet Welsh in Grand Rapids and after several months of treatment sight was restored. He is now learning fast and in time will be able to take his place in the grades with other children. Had this boy been sent to the school for the blind, it would have cost Lowell township more money for his care than is now being paid by that township toward Miss Van Duzor's salary and the boy would have remained a public charge, perhaps, during his whole life." A detailed statistical report of Miss Van Duzor's inspection of the County Schools, has recently been issued by the Board, which shows a percentage of 34½ defects among the 8041 children inspected.

NURSING IN MISSION STATIONS

CHANGSHA AND YALE-IN-CHINA

BY ALFRED C. REED, M.D.

One of the oldest and most interesting cities in China is Changsha, the capital of Hunan. Hunan is nearly the center of the eighteen provinces, about equal to Kansas in area, has a population of twenty-two millions, and has only been opened to foreigners for a little over a decade. Its people are among the most independent and proud of all China. In the summer following the revolution, Hunan even declared its independence but this did not last long and a military governor from Peking now rules the province without opposition. In the north end of Hunan is the great Tungting Lake, the largest in China, into which flow the three rivers of Hunan. Of these the largest is the Siang coming direct from the south, and on the Siang, a hundred miles from the lake, is Changsha.

This fine old city was founded about two thousand years ago in the Han dynasty, one of the most splendid eras in China's history. Even yet the Chinese take pride in calling themselves the sons of Han. The city itself is among the richest, best-built and most characteristic of all Chinese cities. Its population of three hundred thousand lives largely within the city wall but is now spreading north and south along the river. Though eight hundred miles inland from Shanghai, the elevation is only a few hundred feet and the climate is sub-tropical. There are about two hundred foreign residents, of whom nearly half are Americans. The mile-wide Siang river, with its excellent steamers, makes access comparatively easy although tourists seldom get so far inland.

The city wall of Changsha is a patch work representing the repairs and new constructions of centuries. It averages perhaps fifty feet in width and from fifteen to fifty in height. It consists of two retaining walls of brick or stone, filled in between with earth. The outer wall extends above the level top to form a parapet, with casements and well protected battlements for artillery and infantry. Hundreds of ancient cannon are scattered along the wall, all rusted and useless now, but in the days of the Taipings, 1850 to 1855, this old artillery made Changsha the one city in the Yangtze valley which did not fall before the rebels. Some of these cannon are marked with the royal coat of arms of England, cast in the metal a century and more ago. The

circuit of the wall is five miles, and at two or three points on each side narrow tunnel-like gates are cut through. These gates are constantly guarded by yellow-clad soldiers who search all vehicles and baggage entering, for bombs and ammunition. When White Wolf was ravaging the Han Valley, a few hundred miles north of Changsha, these precautions were redoubled and various emissaries and agents of the bandits were caught. The gates are closed nightly soon after sunset and passage can then be obtained, even by foreigners, only on presentation of a special permit from the governor's yamen.

The country outside the wall rolls up into frequent rounded hills and ridges, with wide depressions and winding valleys between. The latter are filled with paddy fields and farm houses; the hills are covered with graves, plain round dirt mounds with a slab of granite erected over each; these are carefully preserved from century to century and so long as the family survives, that ground is sacred. The result is that in some sections three-fourths of the tillable land is occupied by graves and everywhere the bare, grave-covered hills rise from green cultivated valleys and decrease the available food-producing area by that amount. For a long distance outside the Changsha wall, grave-covered hills fill the view, but these graves have no granite slabs marking them nor are they honored on China New Year and feast days. In them are buried the thousands of Taipings who fell before the great wall of Changsha two generations ago. So effective, indeed, was the defense of the city that the Taiping horde left it like an island in their destructive march from Canton to Hankow.

On entering the city, a strange new world meets the western pilgrim. For China, Changsha has wide, well-paved, clean streets, and only small acquaintance with the average Chinese city is necessary to prove this. Every street is paved with large oblong blocks of granite and has a covered sewer in the middle. There is a street-cleaning department whose work is done through the medium of coolies with short handled brooms and small baskets. The widest streets seem very narrow to western eyes and are crowded full of everything pertaining to the daily life of the Chinese. Squealing pigs are trundled along to market on even worse-squealing barrows. Rikshaws, pedestrians, an occasional horseman, and an indiscriminate horde of yelling, grunting coolies make up the picture. Man is the universal beast of burden here and coolie labor is dirt cheap. An average coolie earns from six to eight cents gold per day, when he can get work, and this means a day limited by darkness only.

Changsha has an up-to-date Commissioner of Police who has instituted many sanitary reforms. Last year over twenty thousand



TEMPLE TO HEAVEN AND EARTH, SOUTHEAST CORNER CHANGSHA CITY WALL;
LOW HILLS IN FRONT COVERED WITH GRAVES OF TAIPIINGS



ANCIENT CANNON ON CITY WALL



A TYPICAL SHOP FRONT



A CHINESE THRESHING MACHINE AT WORK ON RICE

persons received vaccination against smallpox. The police supplied the vaccine and the Yale Hospital staff did the vaccinating. The police have a rat brigade and regular twice-a-week deliveries of rats are made to the Yale Hospital from all parts of the city to be examined for plague. After the great flood of June, 1914, which put a section of the city under water, the police superintended and compelled repair of sewers, buildings and pavements, and made landowners clean up their premises and disinfect with lime. The Commissioner of Police and his staff received typhoid vaccination and recommended it to many others. These things are very surprising to those who know the inertia and conservatism of old China and remember that in 1910 Changsha rioted and drove out all the foreigners.

Changsha is a center for trade in silks, cotton, hemp, furniture and general produce. The provincial copper mint is here and a large antimony smelting plant. Hunan possesses one of China's richest mineral fields and real progress is being made in mining coal, lead, silver, antimony, and iron.

While most of the buildings in Changsha are one-story, there are also a surprising number of two and three-story structures. The new central telegraph office is a handsome four-story building. Electricity is used for many purposes and the principal streets are electric lighted, even an occasional electric sign is to be seen, the Chinese characters flashing out with the brilliance of Broadway or Market street. Few of the streets run a straight course for more than a hundred yards. It is dangerous to have a street too straight because the devils can so easily follow one. Frequent turnings and sharp jogs foil them, however, and improve one's chances for escape. Even in the houses it is necessary in every room to have a small hole cut in the wall beside or near the door, so that stray devils may not be penned in and cause damage. If this hole allows free admission to the family cat, dog, duck and chickens, so much the better, and if the household pig can peradventure squeeze through before he attains too dignified proportions, it will save having to open the door for him on sundry occasions.

(To be continued)

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

It is difficult to speak in terms of moderation of the latest attempt of the British Anti-registrationists to bind and shackle the nursing profession by one grand sweeping *coup* as related in the *British Journal of Nursing* of January 15. At this moment of national peril for Great Britain, when Englishwomen have suspended their claims for political justice to go to her aid; when nurses have ceased for the time of crisis to press their long campaign for legal status and have with one accord offered themselves to their country's service—this moment is selected by a set of persons with the usual array of high sounding names and titles to bring forward the old, well known, and hitherto defeated proposals to bring the entire body of trained nurses under the domination of an autocratic outside body of rulers through a so-called "College of Nursing" (voluntary) incorporated under the Board of Trade. This proposition, circulated on the official paper of the Joint War Committee, is signed by its chairman. It has been put forth without consulting any organizations of nurses, and cannot but throw their members into a most trying situation. They must resist it to the utmost, and their would-be rulers and masters will raise the cry "unpatriotic" which is now so direfully potent in crushing every protest against losses of civil liberty and encroachments upon human rights. The antis have never done anything worse or taken a meaner opportunity. Slippery as they have been in the past, no one could have expected this, even from them, at such a moment as the present.

Briefly outlined, the plan is for a council to be nominated by the chairman and governors of leading hospitals (who already "have more absolute power over the women they control than is permitted to any other class of the community" says Mrs. Fenwick in her editorial) and this council shall have power to form a Consultation Board, appoint examiners, and *exempt* certain training schools from having to meet central examination: by accepting their own internal examinations. The "College of Nursing" is to be promoted in an equally undemocratic way. The powers sought will "control all branches of women's work connected with hospitals," and various grades of nurses are suggested as desirable. As usual Mrs. Fenwick (whose only son is in the army) lost not a moment in sounding a ringing alarm, and

we can only wait until we learn how this last and most unworthy attempt on women's liberties turns out, and hope that the resolute and trained leaders among English nurses will once more defeat a treacherous enemy of women workers. The various evidences of confusion in nursing and First Aid during the emergencies of war have been advanced as a reason for the proposed control of nurses. But Mrs. Fenwick says, editorially:

No one will be surprised to learn that the Hon. Arthur Stanley, in his official position on the Joint War Committee, has recognized the disorganized condition of the nursing profession; but surely as a Member of Parliament he must have been already aware that the most thoughtful and liberal-minded matrons and nurses have for years been pleading with Parliament to grant them statutory authority to organize their own profession as they have a right to do, and that the blame must be placed on the House of Commons, which, year after year has acquiesced in the refusal of the Premier to grant facilities in that Chamber for the second reading of the Nurses Bill.

The truth of this cries to heaven. As usual there is a lesson for us in this occurrence and we are prompted to warn nurses in this and other countries to strive incessantly to gain and to hold fast to their legal professional status and standards. It may be that, if the prevailing world epidemic of insanity spreads to the United States, American nurses will meet similar questions.

It may sound like a cynical question; but it occurs to one, nevertheless: Would it not be more in keeping with the expressed gratitude of the English nation toward Edith Cavell, for Englishmen to show the profession to which she belonged as much respect and consideration as the Welsh miners and British trade-unionists very rightly and very justly receive?

We quote the following from *The Army and Navy Journal*:

Sphagnum or bog moss, in common use throughout the United States by florists and nurserymen for packing plants and trees, is being used in European hospitals for surgical dressing. Augustus E. Ingram, American Consul at Bradford, England, reports that sphagnum has greater springiness than cotton wool, and the patients like it better for that reason. It has the power not only of absorbing discharges, but of diffusing them throughout the whole pad, while cotton wool absorbs quickly, but passes the discharge straight through the bandages and bedclothes. The moss dressing also disinfects, possibly by the air in its numerous fine tubules.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators: BESSIE B. RANDALL, R.N., Omaha, AND
ELEANOR A. McI. JONES, R.N., Baltimore*

WASHINGTON, D. C. At the annual meeting of the Instructive District Nursing Association, the report of the superintendent, Elizabeth Fox (Johns Hopkins), made a strong plea for better nursing service to the middle class, "the great unnursed," they might be called. It is stupid to say that we have no classes in a democracy, most of us are not at all ashamed to admit that we belong to the class that would gladly avail itself of the assistance of the local district nurses, were such services consistent with local prejudice and convention. If some cities can adjust this service to every home in the community, rich or poor alike, why can't every city try to re-adjust itself to needs rather than fancies? Certainly, in cities of the second class and smaller, this service ought to be arranged. The re-adjustment for our few very large cities would be difficult, but with time, patience and planning, it might not be unsurmountable. At any rate, Miss Fox's report gives fresh ammunition to nurses interested in this problem, and food for thought to those who have never considered it. The program, besides the different reports, included addresses by Julia Lathrop, Mabel Boardman, and Prof. C. E. A. Winslow, who all spoke on different aspects of the work of the public health nurse. Reports of annual meetings of visiting nurse organizations are constantly showing that boards of directors and executives are realizing the new emphasis being given to the place of the nurse in the public health field. It is unfortunate, however, that the medical profession is admitting this as slowly as is indicated in the following excerpt from a paper read before the Anti-Tuberculosis League of Cleveland, Ohio, by Robert G. Paterson, Director of the Division of Public Health Education and Tuberculosis of the Ohio State Board of Health:

Each day it is becoming clearer to health authorities that the public health nurse presents the key to practically every one of their so-called problems in preventive medicine and hygiene. And that the medical profession is not yet fully cognizant of the entire situation may be instanced by the fact that in Dr. Rosenau's *Preventive Medicine and Hygiene*, a volume of 1074 pages, published in 1913, not one word is said about the public health nurse, although there is

much about vital statistics, legislation, board of health laboratories, milk and meat inspectors, dispensaries and hospitals.

Contrast to this, a recent book entitled *A Manual for Health Officers*, published in April, 1915, by Mr. MacNutt, who is not a physician, but a lay health officer. He says, "A comparatively new member of the modern board of health staff is the public health nurse. In the work of the public health nurse the health authorities extend their activity beyond the region of strictly public hygiene into that of personal hygiene."

Our greatest difficulty has been to make the medical men of the state see that the public health nurse differs radically from the institutional or private nurse, with whom he is familiar, and that the type of service which she is to render the community is not remedial but preventive.

This address is published in the January *Public Health Nurse Quarterly* and should be very carefully read by every public health nurse. Are we entirely, partially, or not at all to blame for this situation? This question is worth our most honest consideration.

Edwina Klee (Michael Reese Hospital, Chicago), formerly an assistant supervisor of the Chicago Visiting Nurse Association, has joined the Washington staff as supervisor.

CHICAGO: A recent correspondent has sent the following question to the Superintendent of the Visiting Nurse Association:

May I ask a few questions about your annual report? How much of that was read at the annual meeting and will you tell us something in detail of that meeting? Is your report printed just as you gave it or did it have to be "cut?" We are very much interested in annual meetings and reports.

Thinking that our answer might interest other associations, we are giving it here in full:

At our 1915 annual meeting, the president read her entire address; two very well known men made brief addresses; and the superintendent read her entire report, with the exception of, perhaps, three paragraphs which are interesting to nurses but stupid to lay-people. The treasurer read her report; the auditor read his; another director was appointed temporary chairman while the officers and new directors were elected, and we adjourned.

This year the president gave a three minute address of welcome; the chairmen of the different committees (Nurses', Finance, Records and Statistics, Office, Publicity, and Auxiliary), read five minute reports of the work of their committees during the year; the chairman of the Publicity Committee explained about sixty splendid slides made from pictures which she, herself, took in the various districts; the superintendent read her report, which took about seven minutes, the treasurer and the auditor read theirs. Our whole annual meeting did not take more than one hour.

The nurses assemble in a near-by room. Just before the meeting opens, the president welcomes the guests and asks to have the nurses come in. They march in, double file, and as we had more than eighty in line this year, they were very impressive.

The meeting went off most successfully because the pictures were new, well taken, and very interesting. We never have music and, for the past two years, have not served tea at the end of the meeting. We used to serve tea; we also paid room rent, holding the meetings in the rooms of a very prominent women's club. This year and last, we got large private assembly rooms without paying rent. A few people have not thought this democratic, but the funds have been so needed in other work that we were glad to save the \$40 it originally cost us.

The serious epidemic of pneumonia and near-grippe that attacked the city early in December has given all the hospitals and public health nursing organizations a great deal of extra work. The Visiting Nurse Association has increased its staff by eight nurses and has also been given four more supported nurses since January 1.

The Out Patient Department of the Municipal Tuberculosis Sanitarium and the Health Department are making an investigation of tuberculosis among school children, and a staff of fifty nurses and fifty medical inspectors has been added to the regular force to do this work.

OHIO: *The Cleveland Visiting Nurse Association* has this year published a very brief explanation with the financial statement of its District Nursing Service, as its full report is included in the report of the Federation of Charity and Philanthropy. Cleveland's report is always so helpful and interesting that we hope it will be given adequate space in the federated publication. Good annual reports are text-books to most of us and we can't afford to miss this one. During the year, the staff has averaged sixteen nurses, three pupil-nurses, three supervisors, a superintendent, Blanche Swainhart (Children's Hospital, Boston), and a director of the Course in Public Health Nursing, Cecelia Evans (Mary Thompson Hospital, Chicago, and Teachers College). This course is given in affiliation with Western Reserve University.

NEW YORK CITY: *Henry Street Nurses' Settlement* has placed a visiting nurse in the Manhattan Children's Court for one and one-half hours daily, to inspect all children brought into the court. Dismissed cases in need of her care are followed up in their own homes, while the nurse at the Detention Home is notified if children committed there need medical attention. Mrs. Lulah Carney (Lincoln Hospital, New York), is the nurse assigned to this duty. She is the first visiting nurse in New York City to do juvenile court work. The visiting nurses are also following up all the sick employees of the National Cloak and Suit Company. There are over 4000 employees and this work is financed by their Mutual Benefit Association. If the patient proves to be an employee's relative, the service is given at the settlement's or at the family's expense, as circumstances warrant.

Katherine Tucker (Newton Hospital, Massachusetts), has resigned

her position as Secretary for Mental Hygiene of the New York State Charities' Aid Association, to become the superintendent of the Instructive District Nursing Association of Philadelphia.

KENTUCKY: Mary Twigg Jackson, formerly Red Cross visiting nurse for Hazard, has become the industrial nurse for the Consolidated Coal Company in Jenkins, Letcher County.

School Nurses who have to work with or talk to little children will find Child Training by V. M. Hillyer, a very great help. Nurses who have not had special work in pediatrics often fail to get the child's viewpoint and seldom succeed in giving it theirs. While Mr. Hillyer's book is written primarily for parents and teachers, it is so full of good, sane child psychology, that school nurses will find it full of very practical mental first-aid. The sections on Habit Drills and Physical Training are particularly fine and suggestive.

In *News Letter* published by the National Committee for the Prevention of Blindness, appear the following items of interest to nurses:

Superintendent George B. Fryer, of the Institution for the Chinese Blind, Shanghai, has found Publication No. 1, Common Causes of Blindness in Children, so helpful and valuable in his work that he has translated it into Chinese. The work in China is in its infancy and the assistance of the National Committee is requested in helping to make pause in adding to the million or more blind in that country.

In 1915 the legislature of Alabama, by amendment to the law, made complete supervision for the specific reporting of ophthalmia neonatorum and trachoma, with provision for its enforcement by city, town and county health officials. The reporting is to be immediate on the part of physician, midwives, nurses and parents, either upon diagnosis or suspicion that the condition exists. Failure to report is punishable by a fine of \$25 to \$50 for physicians, and \$5 to \$25 for midwives.

Carolyn C. Van Blarcom, who has served as Secretary of the National Committee since its organization and for six years previous thereto as Executive Secretary of the New York State Committee for the Prevention of Blindness, has severed her present relation to become Executive Secretary of the Illinois State Association for the Prevention of Blindness, with headquarters at Chicago. She takes up her new duties March 1, 1916. The vigorous prosecution of work for conservation of vision in Illinois which is most desirable is now assured.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborator: ADDA ELDREDGE, R.N.

THE USE OF INSTRUMENTS, APPLIANCES AND OTHER SUPPLIES IN THE OPERATING ROOM

Possibly no department of hospital administration requires closer oversight and more specific understanding than the use of medical and surgical supplies in the operating room of the modern hospital. It is to be assumed that the oversight is in direct proportion to the efficiency of and the intense care for the work there performed, by surgeons and nurses.

The first evidence of care and thought for the operating room is manifested in the selection of its personnel, which, as a rule, consists of those who are as capable, patient and enduring as any to be found among the institution's workers. The nurse in charge is expected to understand thoroughly not only the theory of the technique required by modern methods of surgery, but she is supposed to be deft and correct in its application. She is not only the general who marshals and commands her forces, but she is to a certain extent their drillmaster and is the one directly responsible for the results of their work. If the end of her responsibility were thus marked, she would have fewer moments of mental uneasiness and even apprehension, for it is well known that she is the target for criticism undeserved as well as sometimes merited. The "signs of the times" point to a smoother path for her later on, as she will not always be the servile individual she has been in the past. Meantime she will continue "diligent in business" and, besides constantly striving to secure perfect results, she will endeavor to do it with the least possible expenditure of the money and energy of her institution.

Her supplies will receive a large part of her attention, which may be directed first of all to the surgical instruments as they are properly considered permanent "stock on hand" and have to be accounted for, replenished, and kept in the best possible condition for usefulness. She cannot be held solely accountable for their misuse—as she is not their only user or handler. Since the using of surgical instruments is

a service rendered without price, it might be considered a hardship if surgeons were required to treat the instruments with due care. The history of any operating room, if written in detail, would record instances of more than one surgeon who wreaked his impatience upon his instruments and that nurse has a short career who cannot recall the anathemas and mistreatment heaped upon tonsil instruments. Such operators simply forget to attribute any part of their failures to themselves and their evident lack of application, accuracy and method.

It is never a part of the nurse's duty to offer discipline for such breaches of decorum, neither is it wise for her to make them the subject of much comment, but it is her very definite duty, as the custodian of her institution's property, to report the instances to its head. This must be done for the sake of the physical well being of the hospital and its equipment, as well as for its tone and spirit. The instruments are safeguarded in any way the institution may deem fit. It is generally wise to keep them under lock and key when not in actual use. Nurses are wont to arrange them in their cases with good taste and some idea of display. It is a matter of conjecture whether hospitals will ever take the same degree of pride in a limited number of instruments that they now take in a large number; whether the small number required will ever be considered a mark of efficiency of the institution as it now is of many individual operators.

After the arrangement of the instruments in their cases, an inventory should be taken. This may be simple or elaborate, according to the methods of the institution. As simplicity tends to economy, it would seem advisable to have the inventory along that line. Whatever the method, it should be adopted with a view to not only the care of the instruments themselves, but as a means of education. To this end it would seem that all instruments for special and particular operations should be listed together alphabetically. Preceding the list of special instruments should be the general list containing such instruments as ordinary scalpels, scissors, etc. It is also of interest and help to the purchaser of instruments that there should be with the list a column or space for "date of issue." The purchaser could thus determine which purchases were of greatest value to the hospital and buy accordingly. The page opposite the list might be kept blank for "remarks," whereupon the nurse should be expected to record faithfully any favorable or unfavorable comments she may have heard regarding the particular instrument, its usefulness, ease of operation, etc. The inventory should be checked up at least once a week and oftener, if there is any doubt of the correctness of the count or any difficulty in securing it.

Instruments for repair should be sent to the shop for that purpose at least once a month. It may be that simple instruments can be repaired on the hospital premises and in that case they may be attended to weekly. In any case, a list of such repairs should be kept and compared with the instruments on their return, in order to test the quality of the repair work. Any repair work found to impair the usefulness or shorten the life of an instrument should be carefully noted; as, for instance, when the shape of a scalpel is changed by grinding, or a pair of scissors is changed by inserting a rivet for a screw, or vice versa.

Instruments are benefited by being promptly burnished, or replated with nickel. Nothing adds more to the cleanly appearance of the instruments and nothing is so clearly a preservative. For this purpose, as well as for the more important repair work, it is well to encourage some well-known instrument business concern to have one of their representatives call at the hospital regularly to inspect the instruments, criticise their care, and recommend such repairs as he may discover to be necessary. It is a great comfort to the nurse superintendent of the hospital to know that the instruments and appliances in the operating room under her care are in the best possible condition.

It is wise to have a committee from the staff and trustees decide upon the purchase of new or special instruments, though any buyer for the hospital should be able to keep up an old approved stock.

Instruments should be cleansed according to the hospital's prescribed rule which was doubtless adopted after due consideration and from which there should be no deviation. It not infrequently happens that some inventive mind discovers quicker and easier ways of cleansing, but before a change is made the new process should be thoroughly investigated to determine possibilities of injury to the instruments as well as efficacy in cleansing.

What is true of instruments is true also of any other appliances. The enamel ware requires a very distinct treatment in order to make it endure the great demands put upon it. Careful instruction regarding its use will some day bear fruit in the conduct of the nurse on private duty, when the care of utensils and appliances in the home of her patient devolves upon her. Besides the economy secured for the hospital, the reputation of the nurse and her school for the same will be fixed.

Greater economy can be insured if the same form or make of appliances is continued. This does not mean that one must be on record as unwilling to invest in newer and more convenient tools and contrivances, but it means that one should consider the matter from all sides before making the investment. For instance, if one has on hand a certain kind of hypodermic syringe with needles to fit, she is the re-

verse of economical if she replenishes the stock by the addition of cheaper needles that fit indifferently or not at all.

Economy along all lines in the use of operating room supplies is to be encouraged; the use of cotton and gauze may be controlled by the simple method of creating an interest in the matter among the nurses on duty there. It is the old, old plan of coöperation; when the nurses once feel that it is really their business, there will be no further difficulty in securing and holding their interest.

If the nurse in charge can be induced to keep her own account of the amount of gauze used during the month, with an account of the amount of work done in the same time, and proceed along the same line for another month in order that she may have a means of comparison, she will never wish to return to any hap-hazard method she may have used before. She may find that she can have a stated amount of the once-used gauze washed, sterilized, and sent to the wards for certain kinds of dressings to be done there, thus saving the use of absolutely new gauze by the ward. If by her interest and endeavor she causes a saving in the ward, her account should be credited with the amount saved. Her very interest will continue the process. It is a physiological fact that individuals like to do what they can do well and for the doing of which there is a reason. It is not now the custom to simply issue a command that such and such measures be employed, but the more economical plan of creating a desire for results is employed and the outcome is consequently more satisfactory.

Plans for saving may be amplified to meet the demands of the hospital requiring them. The doubtful plan of offering a reward to the nurse who proves the most economical has been suggested, but it would seem best to allow the virtue to be the reward.

In the consideration of economy, a precept of a noted hospital superintendent recurs to the mind. It says: "That which consists of the proper use and never abuse of hospital supplies and property is hospital economy."

One of the most unfortunate methods obtaining in hospital operating rooms is that of loaning the instruments and appliances for use outside. If the institution is in any sense a neighborhood organization, as so many of the smaller and medium sized ones are, it is a difficult matter to refuse and indeed it is sometimes impossible to do so. Moreover, almost any superintendent wishing to realize that the hospital is the health center of the community, is willing to inaugurate and carry on even a difficult system of charging and crediting instruments loaned. The main fact to be kept in mind is that they shall be returned and be ready for use by the hospital when needed. For a hospital to pursue such a course makes of it an illustration of the much-used term

"efficient." Ideas concerning efficiency and ways of obtaining it are changing somewhat in these later times, but all will agree that the rule which applies to the conduct of the individual in business, applies with equal aptness to the more composite organization, the institution.

For the edification and encouragement of thoughtful readers who are really concerned about individual success as well as institutional success (the same means procure both), it may be permissible to quote some reflections from a well known weekly newspaper:

"The breakdown of efficiency" and similar phrases are used rarely now, because the business of service goes farther than mere mechanistic methods and mental rote. Where the emphasis was once upon such things as making five movements do the work of eighteen in the laying of a brick, and the memorizing of one hundred articles by a sort of shorthand scheme, today thousands of men are grasping the philosophy of efficiency, and making it a fundamentally spiritual enterprise. The heart of it is really a great emotion, namely, the desire to serve. To realize this ideal, as much stress is laid upon the laws of *reliability* as upon the laws of *ability*; that is, as much upon the feelings and their education as upon the intellect and its education.

With the passing of Dr. G. H. M. Rowe, who died at his Boston home on January 30, the hospital world lost one of its most renowned representatives. Probably there was no better known superintendent of his time than Dr. Rowe who served the Boston City Hospital in that capacity for thirty years. His integrity was never questioned, his hospital discipline, while severe, was so effective that during all his years in the great hospital whose census showed that it contained about fifteen hundred souls, there was never uttered a suspicion of scandal.

He was always the friend of the nurses and during his last years was often heard to exclaim that he believed the Boston City Hospital's greatest achievement was its output of nurses. Before many hospitals were even considering the feasibility or desirability of having a nurses' home he was petitioning the City Council for an appropriation sufficient to secure it. It was finally granted him by reason of his economy in the management of the hospital.

Much might be said of him as an administrator, but his regard for the nursing profession and his efforts for its advancement were unusual. His justice in dealing with their problems and his willingness to uphold them will never be forgotten by the graduates of the Boston City Hospital Training School for Nurses whose gratitude goes out to the clergyman recognizing this characteristic while he prayed, "O Lord, we thank Thee for this soul whose courage strengthened the hands of those who went in and out to serve!"

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

FEEDING THE BABY.—In a quotation in a paper on obstetrics in the *Journal of the American Medical Association*, it is stated that in a study of 1500 milk station babies for all the bottle babies simple dilutions of whole milk were used. In feeding the healthy, artificially fed infant they began with a one in three mixture. Seldom was it necessary to prescribe a more dilute mixture. The quantity at each feeding was increased one ounce every fourth week. The strength of the mixture was increased as the weight and the symptoms indicated. One and one-half ounces per pound of body weight in twenty-four hours, divided to make the proper amount at each feeding, is the quantity advised.

CHILDREN'S DIET.—A writer in the *New York Medical Journal* says the best diet for a neurotic child, or any child, is a plentiful supply of such cereal food as is prepared from the whole grain, supplemented by an abundance of fruit, especially the banana. Much of the food given to children has been deprived of its indigestible parts, the husks of fibre and cellulose, the child eats too much meat, eggs and milk to get enough bulk.

GLUCOSE IN SHOCK.—A writer in the *American Journal of the Medical Sciences* advocates the administration of a freshly prepared, sterilized glucose solution after every operation in which there is reason to fear an unusual amount of post-anaesthetic shock. The method is described.

TREATMENT OF EDEMA.—A foreign medical journal recommends that edematous parts be wrapped in compresses wet with 2-5 per cent salt solution, over this is placed a layer of cotton and the whole bandaged. Next day the dressings are saturated with fluid, which may soak through sheets and mattress. The dressing is renewed daily and often results in the disappearance of edema intractable to other methods. The patient is kept on a dry diet.

THE GRIPPE.—A German medical journal says that gripe and influenza are distinct morbid entities. Influenza swept across Europe in three great epidemic waves in the one hundred and ten years ending with 1900. Gripe is a mixed infection and does not display the contagiousness of influenza, although numerous cases develop about the same time. The long persistence of a temperature rather below normal suggests gripe.

RUBBER GLOVES AND THE TACTILE SENSE.—*The Journal of the American Medical Association* reports observations on six blind pupils, who read entirely with their fingers. These were furnished with rubber gloves for the test. The average time in which the pupils could read the text with bare hands was forty-eight seconds, with well fitting rubber gloves of medium weight, seventy seconds. When the hands were oiled before the gloves were put on, the time was sixty-eight seconds; when the hands were wet instead of oiled, sixty-five seconds. With loose, ill-fitting gloves, the time was increased to eighty-six seconds.

BOILED MILK.—*The American Journal of Diseases of Children* states that milk heated to the boiling temperature, or thereabouts, is an inadequate food. Rats fed on it did not thrive, nor reproduce their kind. Chemical changes are caused by boiling. The value of pasteurized milk as a food depends upon the temperature to which it is heated during the process. Reaching the boiling point vitiates it.

CAUSE OF ITCHING.—A German medical journal states that recent research has explained the mechanism of itching. It results from irritation of the free nerve terminations in the blood capillaries in the papillary layer. As skin forms over an ulcer, or granulations, the horny layer presses on the nerve terminations and itching persists until the pressure of the capillaries and the horny layer reaches a balance. If a blister forms, itching ceases. Salicylic acid, soaps, etc., soften the epidermis and so reduce the pressure on the tissues beneath, lessening the itching.

TYPHOID DEAFNESS.—*The Journal of the American Medical Association* in a synopsis of an article in a foreign journal says that deafness occurs in a certain per cent of cases of typhoid. In the cases reported, the deafness was bilateral. In a few cases there was otitis media, with and without perforation. The deafness developed usually in the second, third or fourth week, but did occur as late as the seventh. It subsided completely in time, as a rule, but in some cases left permanent deafness.

DANGERS OF SACCHARINE.—*The Medical Record* sounds a warning against the indiscriminate use of saccharine as a substitute for sugar. While the latter is a food, saccharine is only a chemical substance which happens to have for one of its properties an extremely sweet taste. It is a coal tar derivative. It has been thought to be a predisposing cause of certain forms of epithelioma. It is a chronic irritant to the gastrointestinal tract, particularly to the stomach. Taken internally over long periods, or in excessive doses, it causes various digestive disturbances, among which are hyperchlorhydria and nausea.

Any-dose over five grains is unsafe. It is recommended that it should be issued to diabetics with the same caution and admonitions as accompany the giving of any other powerful medicine.

CONVALESCENT SERUM IN MEASLES.—An Italian medical journal reports the use of the blood serum of patients convalescent from measles in the treatment of cases in the acute stage of the disease. Daily injections of from 5 to 20 cubic centimeters were given. The mixed serum from several convalescents produced, apparently, better results than that obtained from one individual. The good effects attributed to this treatment are the lowering of the temperature during the course of the disease, its shortening and the absence of complications. Convalescent serum has been used for some time in scarlet fever, but not before in measles.

WORK FOR THE BLIND.—The *Medical Record* says the New York State Commission for the Blind has issued a list of blind persons engaged in various trades and occupations, including basket makers, broom makers, chair caners, dictaphone operators, singers, rug makers, masseurs, piano tuners, printers, etc. This list will be supplied on application to the Commission, 105 West 40 Street, New York.

PROTECTION OF VACCINATION PUSTULE.—*The Journal of the American Medical Association*, quoting from a French contemporary, says that in vaccinating, an oblong of adhesive plaster is used with the adhesive substance on both sides covered with gauze. Three large round holes are cut in a row in the oblong, leaving only a narrow margin like a frame. The gauze is stripped from one side and this side is applied to the arm. Then the gauze is turned back from the other side, the vaccination is done through the holes and the gauze is replaced.

CALCIUM CHLORIDE IN NIGHT SWEATS.—A German writer extols the use of calcium chloride in preventing night sweats. He states that patients who used to be dripping, were found at the morning visit dry and cheerful. He believes one element is the tranquilizing effect on the nervous system, as night sweats are the result of disturbance of vasomotor control, from the influence of the products of the bacteria.

CARE OF THE UMBILICUS.—In the last three years, among five thousand children born at the Maternity Hospital at Basel, there has not been a death from infection of the umbilicus. The method relied upon was cutting the cord short and applying Balsam of Peru.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

FROM FRANCE

DEAR EDITOR: The following is from a letter written by Helen L. Kerrigan, a graduate of the New York City (now the City Hospital) Training School, to Mrs. Cadwalader Jones, Chairman of the School's Advisory Board:

"St. Valéry-en-Caux, France,
December 31, 1915.

" You will probably be interested to hear that I have been doing my little bit in this great war problem.

I was in Belgrade, Serbia, during the Austrian invasion just a year ago and was to all intents and purposes a prisoner for the thirteen days in which the Austrians had possession of the city.

We had a wonderful experience as our hospital was used as a field hospital and was literally filled with dead and dying all the time. Never shall I forget the awful sights. The story is only too familiar to all. I was also one of the victims of typhus.

I have been here with Dr. Fitch since July last. Work here is quite interesting. The French soldiers make ideal patients, so brave and cheerful and ready to go back to the trenches and fight for their beloved France. . . . "

M. C. J.

NEW USE FOR A KELLY PAD

DEAR EDITOR: While nursing a case of cancer, where there was excessive discharge from both bladder and bowels, the patient using cloths and sanitary pads which caused discomfort and chafing, as well as much washing of cloths and bed linen, I thought of trying a Kelly pad. I procured a surgeon's size, which is smaller than the obstetric size, and was more comfortable, relieving the patient's back from pressure. I made pads of cotton batting and cheesecloth, large squares, which I placed inside the pad. When they were wet, they were removed and burned, thus eliminating all washing and keeping the patient dry and comfortable. The results far exceeded my expectations, the patient's suffering and distress being much lessened. The pad could be used in many cases where there is continuous discharge or drainage.

District of Columbia.

C. E.

AN APPEAL TO HOURLY NURSES

DEAR EDITOR: In the hope that the hourly nurses in the United States will see the value of and have the desire to form themselves into a section of the American Nurses' Association I am making an effort to reach them with an invitation to help and to ask for their coöperation in securing material for the time devoted to Hourly Nursing on the program at the Annual Convention in New Orleans.

I ask them to answer the following questions and send their replies to me at their earliest convenience, as soon after March 1, as possible.

1. Are you going to be able to attend the convention in New Orleans?
2. Will you write a brief sketch of your work—why you took it up; how you like it; the value of it to the community; its value to your self; how long you have been engaged in it; its advantage over other lines of work for the nurse; its disadvantages by comparison to same?
3. As it is done by you in your locality has it any possibility of larger scope in the future? What is the attitude of the nurses and doctors toward hourly nursing?
4. How do you receive your calls, personally or through an organization? Do you find it necessary to combine any other work with it to add to the income? If so, what?
5. Does the income from this average fairly with private duty nursing, or a hospital position with a salary of \$900 per annum?

300 Congress Place.

Pasadena, California.

ALMA E. WRIGLEY.

A HOSPITAL FOR CHILDREN IN ALABAMA

DEAR EDITOR: I wish to call your attention to the statement made on page 450 of the February JOURNAL in reference to the Wilhenford Children's Hospital Augusta, Georgia, being the only hospital in the south for the care and treatment of children.

I wish to say that the Children's Hospital, formerly called the Holy Innocent's Hospital, of Birmingham, Alabama, was founded in 1911, for the care and treatment of children and has a capacity of twenty-five beds. Therefore the Wilhenford Hospital is not the only Children's Hospital in the South.

MARIE BAWLE, Superintendent.

Alabama.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

The nineteenth annual convention will be held in New Orleans, La., April 27-May 3, 1916. All dues should be in the hands of the treasurer before these dates, as it is desirable that none should be paid at the time of the convention. No credential cards are sent to associations or individuals in arrears. Dues should be sent to the treasurer, Mrs. C. V. Twiss, 419 West 144 Street, New York City.

The programme and ticket of nominations will be printed in the April JOURNAL, also hotel rates. Headquarters will be at The Grunewald.

REPORT OF THE TRANSPORTATION COMMITTEE

The itinerary for the special sight-seeing tour arranged by the Frank Tourist Company is as follows:

Sunday, April 23—Leave New York 6. 00 p.m. via Baltimore & Ohio, "Royal Blue Line." Dinner included in dining car. Pullman accommodations included to New Orleans.

Monday, April 24—Arrive Luray 3:48 a.m., remaining in sleeping car until 7.00 a.m. Transfer to and breakfast included at the Mansion Inn. Transfer and admission to the wonderful Luray Caverns included. No other caverns are known in which there can be found such an infinite variety of quaint, curious and wonderful formations. Almost every object in nature is here reproduced in startling similarity, while the curious shapes and indescribable grouping of thousands of others seem to be the handiwork of Nature in a playful mood. Fantastic, grotesque, beautiful, weird, grand, and superb, are words which find expression on the lips of every one who gazes upon the treasures of this "house not made with hands." Leave Luray 11:00 a.m. Lunch included in dining car. Arrive Natural Bridge 2:54 p.m. Transfer to and evening dinner included at the Natural Bridge Hotel. Admission included to Natural Bridge Park and Glen. Natural Bridge, a single block of multi-colored limestone situated in the Blue Ridge Mountains and Shenandoah Valley, ranks with Niagara Falls as one of the world's wonders. The surrounding country is unsurpassed for scenery and climate, the points of interest being Saltpetre Cave, Profile, Pulpit Rock, Lace Waterfalls, etc. Leave Natural Bridge about 10:00 p.m., connecting at Roanoke with special train for New Orleans.

Tuesday, April 25—En route, stopping at Chattanooga from 5:55 until 6:20 p.m.

Wednesday, April 26—Arrive New Orleans 9:40 a.m. Transfer included to the Hotel Grunewald, headquarters for the Convention.

Wednesday, April 26 to Saturday, May 6 at New Orleans.

Saturday, May 6—Leave New Orleans via Southern Pacific Steamer 10:00 a.m. Stateroom and meals included to New York.

Saturday, May 6 to Wednesday, May 10—En route through the Gulf of Mexico and Atlantic Ocean.

Thursday, May 11—Arrive New York a.m.

The cost of this tour is \$99. This is based upon there being twenty-five passengers for a private Pullman car; and includes all meals from the time of departure from New York to arrival at New Orleans; half section for each passenger from New York to New Orleans; transfer to and from all hotels; transfer and admission to the Luray Caverns; transfer and admission to Natural Bridge Park and Glen; meals and stateroom berth on steamer from New Orleans to New York; also includes the services of the conductor who will take charge of the party from New York to New Orleans.

The rates from Philadelphia, Baltimore, Washington and intermediate points, will be the same as from New York, and will include transportation from New York to these respective places on the return journey.

For those who desire to return by all rail via the same as the going route, the rate will be \$93 which includes only transportation and lower berth for the return part of the trip.

The rate from Boston will be \$14.50 additional for transportation and lower berth from Boston to New York and return via all rail; and \$9 additional for transportation and stateroom from Boston to New York and return via steamer.

The rate from Chicago, St. Louis, Detroit, Toledo, Buffalo and intermediate points, is \$75, for transportation only, to New Orleans and return, going via all rail to New Orleans and returning via Southern Pacific Steamship Co. from New Orleans to New York, and all rail to starting point. This rate includes meals and stateroom berth from New Orleans to New York, but does not include Pullman accommodations. The lower berth rate from these points to New Orleans and from New York to starting point averages from \$8 to \$10.

The above rates do not include hotel accommodations at New Orleans.

The rates for accommodations at the hotels at New Orleans are as follows:

Hotel Grunewald,—room without bath.....	\$2.00 per day.
Hotel Grunewald,—room with bath.....	3.00 per day.
Hotel St. Charles,—room without bath.....	1.50 per day.
Hotel St. Charles,—room with bath.....	2.50 per day.

These rates are subject to two people occupying a room.

M. LOUISE TWISS, *Chairman, New York.*

ADELAIDE M. WALSH, *Chicago.*

LOUISE PERRIN, *Denver.*

S. GOTEA DOZIER, *San Francisco.*

For Colorado Delegates: In going to New Orleans from Colorado, take any route to St. Louis, then the Illinois Central to New Orleans. Time required, two days and two nights. Special winter fare, \$52.30; Pullman, \$8.

LOUISE PERRIN.

For Delegates from Chicago and points north

I. By way of the Illinois Central

Lv Detroit.....	Tuesday, April 25, evening
Ar Chicago.....	Wednesday, April 26, morning
Lv Grand Rapids.....	Tuesday, April 25, evening
Ar Chicago.....	Wednesday, April 26, morning
Lv Winnipeg.....	Tuesday, April 25, afternoon

Ar Chicago.....	Wednesday, April 26, morning
Lv Duluth.....	Tuesday, April 25, evening
Ar Chicago.....	Wednesday, April 26, morning
Lv St. Paul.....	Tuesday, April 25, evening
Ar Chicago.....	Wednesday, April 26, morning
Lv Chicago.....	Wednesday, April 26, 9:15 a.m.
Ar New Orleans.....	Thursday, April 27, 10:45 a.m.
Lv Kankakee.....	Wednesday, April 26, 10:40 a.m.
Ar New Orleans.....	Thursday, April 27, 10:45 a.m.
Lv Champaign.....	Wednesday, April 26, 12:10 noon
Ar New Orleans.....	Thursday, April 27, 10:45 a.m.
Lv Mattoon.....	Wednesday, April 26, 1:13 p.m.
Ar New Orleans.....	Thursday, April 27, 10:45 a.m.
Lv Peoria.....	Wednesday, April 26, 7:30 a.m.
Ar New Orleans.....	Thursday, April 27, 10:45 a.m.
Lv Effingham.....	Wednesday, April 26, 1:49 p.m.
Ar New Orleans.....	Thursday, April 27, 10:45 a.m.
Lv Centralia.....	Wednesday, April 26, 3:01 p.m.
Ar New Orleans.....	Thursday, April 27, 10:45 a.m.
Lv St. Louis.....	Wednesday, April 26, 1:30 p.m.
Ar New Orleans.....	Thursday, April 27, 10:45 a.m.

Delegates from towns not mentioned in the above schedule can obtain from their local agents information as to the train service which will bring them to Chicago in time to join the train leaving Chicago, April 26.

II. By way of the Chicago and Eastern Illinois

	<i>New Orleans Special</i>	<i>Chicago-Nashville Limited</i>
Lv Chicago.....	12:30 p.m.	6:04 p.m.
Ar Danville.....	3:45 p.m.	9:35 p.m.
Ar Terre Haute.....	5:30 p.m.	11:08 p.m.
Ar Evansville.....	8:40 p.m.	2:20 a.m.
Ar Nashville.....	2:05 a.m.	7:49 a.m.
Ar Birmingham.....	8:52 a.m.	3:40 p.m.
Ar Montgomery.....	11:25 a.m.	6:55 p.m.
Ar Mobile.....	4:38 p.m.	2:30 a.m.
Ar New Orleans.....	8:55 p.m.	7:15 a.m.

Trains depart from Dearborn Station in Chicago and arrive at the L. & N. Station in New Orleans which is located at the foot of Canal Street within walking distance of the principal hotels.

All delegates from points east and west of the state wishing to join the train will find it most convenient, i.e., the following connections can be made with the train leaving Chicago at 12:30 p.m. from the points mentioned

Lv Columbus.....	7:30 a.m. via Big Four
Ar Cincinnati.....	10:50 a.m. via Big Four
Lv Cincinnati.....	11:15 a.m. via Big Four
Ar Louisville.....	2:45 p.m. via Big Four
Lv Louisville.....	3:00 p.m. via L. & N. RR.

Ar Nashville.....	8:35 p.m. via L. & N. RR.
Lv Indianapolis.....	1:50 p.m. via Vandalia RR.
Ar Terre Haute.....	3:27 p.m. via Vandalia RR.
Lv St. Louis.....	8:25 a.m. via L. & N. RR.
Ar Nashville.....	8:25 p.m. via L. & N. RR.

The one way railroad fare from Chicago to New Orleans is \$25.65 and the round trip rate during the month of April will be \$37.40 with proportionate rates from other points. For parties of ten or more the one way rate will be \$18.68 per capita. The Pullman fares from Chicago to New Orleans are as follows: lower berth, \$5.50, upper berth, \$4.40, compartment, \$15.50, drawing room, \$20.00.

The cost of the round trip on either road will be about \$37.50; the approximate cost of the two trips will be from \$75 to \$100.

ADELAIDE MARY WALSH.

REPORT OF THE ISABEL HAMPTON ROBB FUND, FEBRUARY 7, 1916

Previously acknowledged.....	\$15,783.47
Alumnae Association, Presbyterian Hospital School for Nurses, Chicago.....	10.00
Alumnae Association, Anna Jacques Hospital, Newburyport, Mass..	15.00
Graduate Nurses' Association, Youngstown, Ohio.....	10.00
Anna W. Kerr, New York City.....	5.00
Maryland State Association of Graduate Nurses.....	50.00
Clarkson Hospital Nurses' Alumnae Association, Omaha, Nebraska.	10.00
New York Infirmary for Women and Children Nurses' Alumnae Association.....	25.00
Training school pupils of the New York Infirmary for Women and Children.....	8.00
C. Josephine Durkee, Albany, N. Y.....	5.00
Wilkes-Barre City Hospital Nurses' Alumnae Association.....	25.00
Eastern Maine General Hospital Nurses' Alumnae Association, Bangor, Me.....	10.00
Passavant Memorial Hospital Nurses' Alumnae, Chicago.....	25.00
New Hampshire Graduate Nurses' Association.....	15.00
Elsie M. Lawler (from sale of photographs), Johns Hopkins, Balti- more.....	48.00
Johns Hopkins Hospital Alumnae Association.....	21.82
Galesburg Alumnae Association, Galesburg, Ill.....	5.00
Frankford Hospital Nurses' Alumnae, Frankford, Philadelphia.	8.25
Alumnae Association of Broad Street Hospital, Oneida, N. Y.....	5.00
E. M. Lawler (sale of photographs), Johns Hopkins Hospital.....	8.00
Los Angeles County Nurses Association, Calif.....	15.00
Mrs. Clara D. Lockwood, Pasadena, Calif.....	5.00
Hahnemann Hospital Nurses' Alumnae Association, Philadelphia, Pa.....	15.00
First District Illinois State Association Graduate Nurses.....	25.00
Senior Class Presbyterian Hospital, New York City.....	25.00
Anna C. Maxwell, Presbyterian Hospital, N. Y.....	5.00
Graduate Nurses' Association, District of Columbia.....	25.00
Alumnae Association of the Presbyterian Hospital, Philadelphia....	50.00

Jefferson County Graduate Nurses' Association, Louisville, Ky.....	\$5.00
Graduate Nurses' Association of the State of Pennsylvania.....	100.00
Nurses in attendance at annual meeting of Graduate Nurses' Association of Pennsylvania.....	53.80
Ida R. Palmer, Kalispell, Mont.....	1.00
Mrs. Wm. Thaw, through Carolyn E. Gray, New York City Hospital.	10.00
Brockton Hospital Nurses' Alumnae, Brockton, Mass.....	5.00
New Jersey State Nurses' Association (Sustaining).....	10.00
Lillia M. Hall, Health Instructor, Tuberculosis Dispensary, Taunton, Mass.....	2.00
Nebraska State Nurses' Association, Omaha, Neb.....	25.00
Long Island College Hospital School of Nursing, Brooklyn.....	51.00
Michael Reese Hospital Training School for Nurses, Chicago.....	21.00
Alumnae Association of Orange Training School for Nurses, Orange, N. J.....	50.00
Amy M. Hilliard, Albany, N. Y. (sustaining).....	10.00
City and County Hospital Nurses' Alumnae Association, St. Paul, Minn.....	9.25
Helen M. Bever, The Babies' Dispensary and Hospital of Cleveland..	5.00
Nellie Schweinsberg, Pittsburgh, Pa.....	1.00
Rochester General Hospital Nurses' Alumnae, Rochester, N. Y.....	25.00
Astrid Hofsette, Superintendent Provident Hospital and Training School, Chicago, Ill.....	2.00
Flora Luttertore, 2244 Iowa Street, Chicago.....	1.00
St. Luke's Hospital Nurses' Alumnae Association, Chicago.....	25.00
Hope Hospital Nurses' Alumnae, Fort Wayne, Ind.....	10.00
Mt. Sinai Nurses' Alumnae, New York City.....	25.00
Florence E. Revell, 48 East 8th St., Holland, Mich.....	2.00
Nurses' Alumnae Association, Charity Hospital, Montgomery Co., Morristown, Pa.....	5.00
Ingeborg Johanson (through Miss Beard) Mutual Aid and Neighborhood Club, Grosse Pointe Farms, Mich.....	25.00
American Red Cross Nurses in Belgium: Misses Halsey, Ericson, Orris, Sharpe, Lentell, Bentley, Burnham, Welch, Visil, Cooper, Clark, Druggan, Morse, Emmons, Riffel, Robinson, Bartlett....	17.70
Alumnae Association, Orthopedic Hospital, Philadelphia.....	10.00
Illinois State Association of Graduate Nurses.....	10.00
Leola Steele, Natchez, Miss.....	4.00
Lucille Forman, Natchez, Miss.....	1.00
Alumnae Association of the New York City Training School for Nurses, Blackwell's Island, New York City.....	100.00
The Faculty, graduates and pupils of the City Hospital School of Nursing, formerly "New York City Training School for Nurses," Blackwell's Island, New York City.....	94.00
Malden Hospital Alumnae Association, Malden, Mass.....	30.00
Pupils in training, Malden Hospital, Malden, Mass.....	10.00
Pupils of the training school, St. Barnabas Hospital, Newark, N. J..	10.00
Michael Reese Alumnae Association, Chicago (sustaining).....	40.00
Janet G. Grant, Superintendent Moses Taylor Hospital, Scranton, Pa. (sustaining).....	10.00

Nursing News and Announcements

543

\$5.00	Rhode Island Central Directory for Nurses, Providence.....	\$10.00
100.00	Alumnae Association Newark City Hospital Training School for Nurses, Newark, N. J. (sustaining).....	10.00
	Nurses in Hahnemann Hospital, Philadelphia.....	20.00
53.80	Pupils in training St. Luke's Hospital Training School for Nurses, St. Paul, Minn.....	8.65
1.00	Pupils in training and individual members of Alumnae Association of Metropolitan Hospital Training School, Blackwell's Island, New York City.....	45.30
10.00	Frances L. Lurkin, Superintendent Laura Franklin Free Hospital for Children, New York.....	10.00
5.00	Mary C. Campbell, Portland Open Air Sanitarium, Milwaukee, Ore.	5.50
10.00	Hennepin County Registered Nurses Association, Minneapolis, Minn.....	10.00
2.00	Through Mabel S. Madden, Christ's Hospital, Topeka, Kansas, from State Hospital.....	3.55
25.00	Santa Fé Hospital.....	3.75
51.00	Stormont Hospital.....	4.00
21.00	Christ's Hospital.....	3.70
	National Homeopathic Hospital, Washington, D. C., pupil nurses...	6.00
	Brockton Hospital Nurses Alumnae, Brockton, Mass.....	2.00
	Nurses of the Kings Park State Hospital, New York:	
	Mary Chrystal.....	.25
	Mrs. Maloney.....	.25
	Delia Coughlan.....	.50
	Kate Henahan.....	.50
	Rolindes Martinez.....	.25
	May Wray.....	.25
	Catherine Doherty.....	.25
	Constantia Ross.....	.25
	Arabella Ross.....	.25
	Annie Ackerly.....	.25
	Katherine Ellwood.....	.50
	Woonsocket Visiting Nurses, Woonsocket, R. I.....	2.00
	Alumnae Association of Somerville Hospital, Somerville, Mass.....	5.00
	Los Angeles Public Health Nurses' Club, Los Angeles, Calif.....	11.00
	Millicent Northway, Kenosha, Wis.....	2.01
	Mary W. McKechnie, New York City.....	5.00
	V. M. MacDonald, Social Worker, New Haven, Conn.....	5.00
	Rhode Island Hospital Nurses' Alumnae Association.....	5.00
	Mt. Sinai Hospital, New York City, pupils in training.....	40.00
	Total.....	\$17,294.25

All drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago, Ill. All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Mass.

MARY M. RIDDLE, *Treasurer.*

94.00
30.00
10.00
10.00
40.00

10.00

REPORT OF THE RELIEF FUND, JANUARY, 1915

Receipts

Previously acknowledged.....	\$940.85
Interest on bonds.....	106.25
Bolette E. Boyesen, New York Post Graduate Hospital Alumnae Association.....	1.00
Minnie McCoy Murdock, Pittsburgh Training School Homeopathic Hospital Alumnae Association, Polk, Pa.....	1.00
Margaret McCullough, Woman's Hospital Alumnae Association, Philadelphia, Pa.....	1.00
Nellie B. Wallace, Woman's Hospital Alumnae Association, Philadelphia, Pa.....	2.00
M. A. Garter, Johns Hopkins Hospital Alumnae Association, Baltimore, Md.....	2.00
Sarah G. Haydock, Woman's Hospital Alumnae Association, Philadelphia, Pa.....	5.00
D. Jeannette Copeland, St. Catherine's Ont., Johns Hopkins Hospital Alumnae Association.....	1.00
Julia Peterson, Brooklyn Homeopathic Hospital Alumnae Association.....	3.00
Interest on certificates of stock.....	60.00
Laurie L. Phillips, Buffalo General Hospital Alumnae Association, Rochester, N. Y.....	5.00
Rochester General Hospital Alumnae Association, Rochester, N. Y.:	
Carlotta M. Herman.....	1.00
Linda C. Baker.....	1.00
Kathryn C. Weldner.....	1.00
Mrs. Nellie C. Lindsay.....	1.00
Helen L. Reynolds, Carrboro, N. C., Woman's Hospital Alumnae Association, Philadelphia, Pa.....	1.00
Graduate Nurses Association of New Hampshire.....	15.00
Ensworth Hospital Alumnae Association, St. Joseph, Mo....	10.00
St. Luke's Hospital Alumnae Association, Chicago, Ill....	25.00
Leola Steele, Natchez, Miss.....	1.00
Lucille Forman, Natchez, Miss.....	1.00
Mary Ann Lewis, Krebs, Okla.....	1.00

\$1186.10*Disbursements:*

North Carolina State Nurses Association Approved Application, 12th payment.....	\$10.00	
Exchange on cheques.....	1.00	11.00
Balance, February 1, 1916.....		\$1,175.10
13 Bonds, par value.....		13,000.00
2 Certificates of Stock.....		2,000.00
Total balance, February 1, 1916.....		\$16,175.10

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144 Street, New York City, and cheques made payable to the Farmers' Loan & Trust Co., New York City. For information address L. A. Giberson, 1520 Arch Street, Philadelphia, Pa.

M. LOUISE TWISS, *Treasurer.*

THE ARMY NURSE CORPS

Appointment—Miriam Cleghorn, graduate of Colorado Training School, City and County Hospital, Denver, Colo.; assigned to duty at the Letterman General Hospital, San Francisco, Calif. *Transfers*.—To Department Hospital, Philippine Department, Manila, P. I.: Alma C. Hanson, Jennie A. Jaeger, Margaret Lydon. To Army General Hospital, Fort Bayard, N. M.: Florence M. Harpell, Laura C. Heston, Ella Kirkpatrick, Helen D. Young. To Letterman General Hospital, San Francisco, Calif.: Lila Fair, Clara E. Ellwanger, Mary F. McLaughlin, Nellie V. Close. *Discharge*.—Emma Woods.

DORA E. THOMPSON, *Superintendent, Army Nurse Corps.*

Connecticut: New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held a regular meeting on February 3 which was largely attended. The president, Miss Barron was unavoidably absent. After routine business the subject of appointing a trustee for the local Infirmary Fund was discussed and left with a special committee. It was decided to increase the fund by holding small entertainments during the year, to be followed by a large fair in November. Rose Heavren was made chairman of the committee to arrange for these. The association completed its twenty-fifth year in January last, having in good standing nearly two hundred members. One charter member remains.

District of Columbia: THE GRADUATE NURSES' ASSOCIATION has had as topics and speakers during the fall and winter the following: Elsie Hill on The Federal Amendment for Equal Suffrage; Dr. D. W. Prentiss on High Blood Pressure; Dr. Louise Taylor Jones on A Children's Hospital in Serbia; Adelaide Nutting on The Advantages to Nurses of the Course at Teachers College; Mrs. Ellen Spencer Mussey on What Women Should Know about Business Law; Mrs. Nannette B. Paul, Parliamentary Law. Lectures to come are: March 20, Dr. Royal Meeker on The Socialization of the Medical and Nursing Professions; May 15, Herbert Browne on Single Tax Theory.

Florida: Tampa.—THE TAMPA GRADUATE NURSES' ASSOCIATION held a special meeting in the nurses' home of the Gordon Kellar Memorial Hospital on January 24. After routine business the following officers were elected: president, Martha Snyder; vice-presidents, Olive E. McMullen, Marcia Jones, Nona Prewitt; secretary, Grace Ballard; treasurer, Margaret Snyder; press agent, Olive McMullen, who is also chairman of the credential committee; chairman of the entertainment committee, Miss Peters. The annual reports showed good financial standing and an increase in membership. The association is but one year old and has eighty active members. Meetings are held on the first Monday of each month.

Georgia: THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold the annual examinations in Atlanta, Augusta and Savannah on April 4, 5 and 6, 1916. Applications should be on file with the secretary one month in advance of these dates. Address Jane Van De Vrede, 801 Price Street, Savannah.

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\$16,175.10

Idaho: THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES held its annual banquet at the Indiana Hotel, Boise, January 29. The annual meeting will be held on March 7, in the parlors of the Young Women's Christian Association. The programme will be on Rural Nursing. **Boise.**—AMY W. SAUNDERS, for the last eighteen months superintendent of St. Luke's Hospital and Training School, has resigned and will go to Atlanta, Ga., to fill the position of director of the Georgia Training School for Public Health and Social Service Workers.

Illinois: Springfield.—THE GRADUATE NURSES' ASSOCIATION held its annual meeting in the Nurses' Home of the Springfield Hospital, December 18, and elected the following officers: president, Mary Wallace; vice-presidents, Mary J. Heitman, Cora L. Hearne, Kate W. Reid; recording secretary, Ionia Taff; corresponding secretary, Laura Lebkeucher. At a regular meeting held January 29, at the Lincoln Library, Margaret Clark, supervisor of the Women's Department of the Sangamon County Jail, spoke on Misery and Its Causes. Mrs. John Grimslley, Deputy-Sheriff, the first woman to hold such a position in Illinois, spoke of her work. THE SPRINGFIELD HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and banquet on January 6, at the Washington Park pavilion. Owing to wide-spread illness and the consequent employment of nurses, but twenty-five were present. Many of the nurses who have been ill are convalescent. The officers elected are as follows: president, Nettie Wright; vice-presidents, Hilma Carlson, Agnes Jansen, Mary Karlowski; recording secretary, Mary Talbot; corresponding secretary, Anna Ferguson.

Indiana: Indianapolis.—THE MARION COUNTY NURSES' ASSOCIATION held its annual meeting in December and elected the following officers: president, Anna Rein; secretary, Annabelle Peterson; treasurer, Belle Emden; advisory board for three years, Mary Meyers, Elizabeth Johnson, and Minnie Prange; for two years, Fanny Gerard, Edith Baynes, and Ella Hand; for one year, Mary McCoy, Viola Green and Ruth Cobbs; registrar, Mae D. Currie. LAURA WILHELMSON, Illinois Training School, Chicago, who has so efficiently served as superintendent of the Indianapolis Public Health Association for eighteen months, has resigned and will take the course in the Chicago School of Civics and Philanthropy. She is succeeded by Zora Huddleston, class of 1904, Sibley Memorial and Lucy Webb Hayes Training School, Washington, D. C. There is now a staff of nine nurses. The total number of calls made in 1916, was 11,336. In December alone, 1085. **LaFayette.**—THE GRADUATE NURSES ASSOCIATION has moved its directory from the drug store where it has been for many years, to the Home Hospital where it will be in charge of one of the supervisors. **Fort Wayne.**—THE INDIANA CLASS A. PENNANT for sale of Red Cross Christmas seals was again won by Fort Wayne this year and with this award, the city also won the convention for 1917, of the Society for the Prevention of Tuberculosis, which has not before been held outside of Indianapolis.

Iowa: Waterloo.—THE BLACK HAWK COUNTY REGISTERED NURSES ASSOCIATION held its annual meeting in the office of Miss Harrison January 18. New members were admitted and amendments to the constitution and by-laws approved. The new credential cards, recently adopted by the society for the use of the nurses, were signed by the officers and given to the members present. These cards provide space for the name, training school and registration number, also for the name of the president of the medical society, and that of the president and secretary of the nurses' association. Committees were appointed and subjects of interest discussed. The following officers were elected: presi-

dent, Nanna Colby; vice-presidents, Marie Neilson, Mrs. Mae Francis Colby; treasurer, Margaret O'Brien; secretary, Mrs. Lida Allen Ellis.

Maryland: THE MARYLAND STATE NURSES' ASSOCIATION held its thirteenth annual meeting in Baltimore, Medical and Chirurgical Faculty Building, on January 28. The afternoon session was opened by the address of the president, Elsie M. Lawler, who gave a short review of the year's work, a year destined to stand out prominently in pages of history. Members of our profession cannot think unmoved of the horrors and misery of war which has helped us to a realization of our responsibilities and opportunities and has strengthened our determination to do only work that is worth while. A brief summary of the activities of the Association during the past year was given with a thought to some of the hopes and fears of the future, as it is impossible to look ahead without being almost overwhelmed with the responsibilities that come. Miss Lawler asked for the support of each member during the coming year, that they would keep abreast and familiar with the working of the Association by attending the meetings and reading the AMERICAN JOURNAL OF NURSING, from both of which they would derive great benefit. A business meeting followed and three excellent papers, one on Red Cross Nursing in Pau, France, by Grace Barclay, Johns Hopkins Hospital; another on Private Duty Nursing, its Field and Requirements, by Katherine Malalieu, Church Home and Infirmary; and the third on the Johns Hopkins Hospital Convalescent Home for Colored Crippled Children by Corinne French. After a dinner and reception, the evening meeting was addressed by Anne W. Goodrich, president of the American Nurses' Association on Standards of Nursing Education. Miss Goodrich in her paper discussed the early organization, growth and development of the training schools, their problems, and efforts for elevation of educational standards, advising all to do their best to develop the highest and most efficient work. Miss Goodrich outlined the part a pupil nurse should take in social service work, feeling that the pupil nurse should have her training for social work after her graduation. The proposed change in the incorporation of the American Nurses' Association from a state to a national charter was spoken of as a wise and far-reaching move. Miss Lawler was re-elected president of the State Association. Baltimore.—THE MARYLAND GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION was held in the reception hall of the hospital on February 4. There was a large and enthusiastic gathering of nurses. Great interest was shown in the fund being raised to endow a bed in the hospital for sick nurses. The Association gave a tea to the graduating class on February 26. It is thought a wise move to publish an annual journal, so that all the members of the training school may become more interested in the school and in the work being done by other members of the Alumnae. THE MARYLAND LEAGUE OF NURSING EDUCATION held its regular meeting on January 27, at the Hospital for Women of Maryland. Miss Lawler gave a résumé of the meetings in New York City, of the committees of the three national societies. Miss Lent gave an interesting talk on the education of the public health nurse. She spoke of the responsibility of the nursing league and the dependence of the public health association on it in upholding higher educational standards for graduate nurses who are going to undertake this responsible work. Miss Lent concluded her talk by reading a tentative outline of lectures and classes which had been prepared by the National Board of Public Health Commissioners, to be included in the curricula for nurses' training schools. This caused a very animated discussion and it seemed to be the sentiment of the League that the outline

would have to be considerably revised before it would be of any real value in the curriculum of a school for nurses. The progress which has been made with the new bill was reported, after which the meeting adjourned and Miss Sampson served tea. Mrs. HENRIETTA E. KNORR, Maryland General, 1907, has been appointed superintendent of the Tuberculosis Nurses' Division of the City Health Department to take effect February 1, in place of Eleanor A. McI. Jones, Johns Hopkins, 1911, who resigned January 1, to take effect at this date. Miss M. L. Kelly, Mercy Hospital, class 1910, was appointed assistant superintendent in place of Mrs. Knorr. The following nurses were appointed on probation to the staff: Harriet J. Fort, Mercy Hospital, 1913, Margaret D. Murray, Mercy Hospital, 1906, Agnes R. Egan, St. Agnes', 1913, Eleanor R. Koon, Franklin Square Hospital, 1915, and Louise Milby, Maryland General, 1914. On January 1, 1916, there were five new field nurses and one assistant superintendent appointed to the staff of the Tuberculosis Nurses and five to the staff of the School Nurses. A new division for communicable diseases was created by the appointment of three nurses. The three divisions will probably be partially consolidated. The JOHNS HOPKINS NURSES ALUMNAE ASSOCIATION held its quarterly meeting in the Phipps Psychiatric Building of the hospital, on January 22. Miss Nutting gave a report of the work accomplished by the recently appointed endowment fund committee, of which she is chairman. They have organized and have already received several thousand dollars unsolicited. The association accepted the report and empowered the committee to receive and hold money. The question of nurses' uniforms came up for discussion and a committee was appointed to consider the revision of some of the details of the present uniform. ST. JOSEPH'S ALUMNAE ASSOCIATION held a meeting at the hospital on December 16, at which it was decided to hold a card party for the benefit of the training school library. ANNAPOLIS.—THE MARYLAND CONFERENCE OF CHARITIES AND CORRECTIONS held its eleventh annual session in the State House on January 26. An important feature of this meeting to nurses consisted of papers presented by four nurses: Sarah F. Martin, Chief of the Ten Hour Bureau for Women, gave a most interesting talk of the work and organization, four years ago, of that department. The experiences and problems affecting the women of this state made this a most interesting address. Industrial Nursing was presented by Rebecca Coale, who for the past year and a half has had charge of and organized industrial nursing at the American Can Company's factories treating all emergency cases and giving care to all employees needing it. The excellent social work has widened the scope of the employees and their co-operation shows their appreciation of the interest shown by the company in their welfare. Ann Doyle read a paper dealing with the rural community and the negro problem. She brought out the well established fact that the nurse must adapt herself to the individuality of the patient. The alien has distinct problems from the native; the negro from the white; and the rural distinct from urban community. Discussions followed and brought out many interesting points. Nellie M. Casey, Hagerstown, told of the work in the vicinity of Hagerstown and what has been accomplished in tuberculosis and instructive visiting nursing for the betterment of the social conditions of the community.

Massachusetts: Boston.—THE MASSACHUSETTS GENERAL HOSPITAL held graduating exercises for a class of forty-seven on January 13. Dr. George Cheever Shattuck, in his address, gave a vivid account of his experiences in Serbia. A reception followed the exercises. THE NEW ENGLAND HOSPITAL NURSES'

ALUMNAE ASSOCIATION, at its December meeting, had an address on Public Health Work by Mary Beard, head of the district nurses. A letter of greeting from Linda Richards was read. **THE NEW ENGLAND HOSPITAL** held graduating exercises for a class of ten in Ford Hall on January 19. The diplomas were presented by Dr. George S. C. Badger. Dr. Charles A. Porter spoke on Experiences with the Harvard Unit in France, with illustrations. By the will of Mrs. Elizabeth Miller French of Dedham, the hospital will receive \$5000 for the endowment of a free bed in memory of her friend, Dr. Marion Nute. **THE GUILD OF ST. RADEGONDE FOR NURSES** held a valentine party at Boston College on the evening of February 12. **Somerville.**—**ELIZABETH C. HOGLE**, graduate of the Massachusetts General Hospital, has resigned as superintendent of the Somerville Hospital, of which she has had charge for seven years, to take a needed rest. Louise Hogle, Boston City Hospital, assistant superintendent, has also resigned and has accepted the position of welfare nurse with the New England Telephone Company. Blanche M. Thayer, Massachusetts General Hospital, has been appointed superintendent. Miss Thayer has held positions in Quincy and in New York City; she has been president of her alumnae association, has lectured on home nursing to women's clubs, has done some writing and will be welcomed back to Massachusetts. **Milton.**—**THE MILTON HOME FOR CONVALESCENTS** receives \$500 and the Channing Home for Incurables, \$2000 by the will of Ellen Channing; the Massachusetts General Hospital receives \$5000 to establish the Ellen Channing Free Bed. **Natick.**—**THE LEONARD MORSE HOSPITAL** receives \$5000 from the estate of Patrick H. Cooney, who was a trustee from 1892 to 1915; the Natick Visiting Nurse Association receives \$500. To the Carney Hospital and the Home for Destitute Catholic Children, Boston, were left \$1000 each. **Melrose.**—**THE MELROSE HOSPITAL** receives \$10,000 from the late Decious Beebe. **Wellesley.**—**ALICE FITZGERALD** of Dana Hall has been appointed the Edith Cavill Memorial Nurse from Massachusetts to serve in England until the war is ended. **Brookline.**—**THE NEW TUBERCULOSIS HOSPITAL** was opened by the Board of Health on February 5. It is situated near the other town institutions. The cost was approximately \$38,000, which includes the cost of a central lighting plant for the Tuberculosis Hospital, the Contagious Hospital and the Almshouse. There are two stories in the central portion, the upper one being the nurses' quarters. There are two one-story wings, in which are two wards of eight beds each and four private rooms. Below the nurses' quarters are the dining and recreation rooms, kitchen and offices. Covered and uncovered porches surround the building. Direct sunlight may be had through the south wall, which is largely of glass. Skylights are so arranged that the sun's rays may shine upon the patients' beds. Fresh air is driven through the building after passing through a heating chamber. Miss Meek, superintendent of the Contagious Hospital, will have charge of the Tuberculosis Hospital also. Her assistant, a graduate of the Boston City Hospital like herself, is Alice E. Cardall.

Michigan: Lansing.—**THE INGHAM COUNTY GRADUATE NURSES' ASSOCIATION** held its February meeting at the Edward W. Sparrow Hospital with twenty members present. Miss Leck, superintendent of nurses at Grace Hospital, Detroit, read an excellent paper on Progress of Nursing. A demonstration was given by the pupil nurses of the hospital. The members of the association have shown their interest in the anti-tuberculosis campaign by offering their services for the free clinic and the follow-up work. **Cadillac.**—**THE ALUMNAE OF**

MERCY HOSPITAL held their annual meeting on January 26, when new officers were elected for the ensuing year: president, Georgia Judd; vice-president, Adele La Bousher; treasurer, Eva Webb; secretary, Jennie A. Mace. The members were entertained by the president and treasurer of 1915, Margaret Barry and Adele la Bousher. Kalamazoo.—THE KALAMAZOO COUNTY GRADUATE NURSES' ASSOCIATION held its annual meeting on January 26 and elected the following officers: president, E. M. Cowie; vice-presidents, Charlotte J. Garrison, Mrs. M. H. Kennedy; secretary, Mina J. Weber; treasurer, Effie E. Pierce. Detroit.—THE WAYNE COUNTY NURSES' ASSOCIATION held its regular monthly meeting at the Women's Federation Building on February 4. A Social Service Symposium was given by three nurses who are at the heads of the Social Service Departments of the Children's Free, Grace and Harper Hospitals, respectively. Henrietta Potts of the Children's Free Hospital, spoke on "The Nurse as a Social Worker;" Rachel Mulheron of Grace Hospital, on "The Hospital Social Service Worker;" and Alice Walker of Harper Hospital on "The Relationship of a Hospital Social Service Worker to the Public Health Nurse." The papers were greatly enjoyed. FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held its twenty-third annual meeting in the Swain Home on January 11, with eighteen members present. Annual reports were read and approved, also resolutions on the death of Yula Burgess of the class of 1914. Four nurses, the Misses Elizabeth Parker (1898), Ella N. Haight (1887), Sophia Rutley (1891), and Mrs. Henrietta Morrison Graham (1887), were made honorary members of the association by a rising vote of those members present. Then the following officers were elected for the year 1916: president, Elizabeth Stanley; vice-presidents, Emily McLaughlin, Jean Henry; treasurer, Margaret McClure; recording secretary, Mrs. Rose Williams Schureman; corresponding secretary, Kathryn E. Burns; directors, Grace Snively, Anna Beals, Grace Gillies. ST. MARY'S HOSPITAL ALUMNAE held their annual meeting at the hospital on January 13, when the following officers were elected: president, Mary E. McIntee; vice-presidents, Ethel McGinn, Mary Potts; recording secretary, Erma Reidel; corresponding secretary, Florence A. Martin; treasurer, Cecelia M. Searle; directors, Edna Sweeney, Bertha Tovell, Grace Stock, Louise Greenan, Emma Kresel. PROVIDENCE HOSPITAL NURSES' ALUMNAE ASSOCIATION held its election of officers for the year 1916, at the Hospital, January 27. The regular day for its meeting was changed from the last to the first Thursday of each month. The following officers were elected for the ensuing year: president, Louise Leyes; vice-president, Grace Koons; secretary, Myrtle Bailey; treasurer, Angela Sands; directors, Natalie Heine, Ada McGinn. THE ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL AND INFANTS' HOME held its annual meeting on January 20. The following officers were elected: president, Mrs. F. Eichenberg; vice-president, Edith Beck; secretary, Cora Holton; treasurer, Mae Pelton. GRACE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the Helen Newbury Nurses' Home on January 11, when the following officers were elected: president, Mary Brown; vice-presidents, Frances Campbell, Frances Drake; secretary, Lisbeth Boyce; treasurer, Edith C. Jones; directors, E. May Phillips, Mary B. Ferguson, Rubie Wisner.

Missouri: Kansas City.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its annual meeting February 2 at the Club House. After the usual business the following officers were elected: president, Etta Lee Gowdy; vice-presidents, Anna Anderson and Nell Huber; secretary, Eva Mary Roseberry;

treasurer, Anna M. Barr. Chairmen of committees are: Printing, Josephine Lashley; Visiting, Clara Lohvefner; House, Eleanor Keeley; Ways and Means, Charlotte B. Forrester; Directory, Mary Dedt. After adjournment refreshments were served by Wesley Hospital Alumnae.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION held its regular meeting in January at David City. Although the members are unusually busy this winter there was a good attendance and the sessions were most interesting and beneficial. The address of welcome was given by Dr. E. E. Miller. Papers and addresses were given as follows: Why I Prefer Obstetrics in Private Nursing, Eva Renwick; Surgery in a Town of Three Thousand, Dr. Thompson; Experiences I Have Had, Ottalie Vavra; Eugenics, Mrs. Humphrey, state vice-president of the Woman's Club; The Pure Food Law, Judge Skiles. Following the afternoon session the members visited the David City Hospital. At the evening session Ida L. Gerding gave a paper on Problems of the Small Hospital, after which there was a round table discussion. **Omaha.**—THE NURSES' CENTRAL CLUB AND REGISTRY issues a small bulletin of four pages giving, in a most attractive form, announcements and items of interest. The Club has been made the headquarters for the Red Cross Committee and for the Clarkson Hospital Alumnae. THE NEBRASKA ORTHOPEDIC HOSPITAL ALUMNAE ASSOCIATION was reorganized at a meeting held at the hospital on October 1, with the following officers: president, Edith Mullin; vice-president, Clara Anderl; secretary and treasurer, Mrs. G. H. Walker. Louise Corse was made chairman of the committee on by-laws. After the meeting the officers of the hospital entertained the alumnae and the graduating class at luncheon. At a meeting held on January 6, the constitution submitted was accepted. Miss Corse gave a paper on Public Health Nursing. The next meeting will be held in April. THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold the next examination on Tuesday and Wednesday, May 2 and 3, 1916, at the State House, Lincoln, and in Omaha at a place to be named later. Application should be made to the secretary not later than April 10. Grace V. Bradley, secretary, 2420 Harney Street, Omaha, Neb.

New Hampshire: Laconia.—THE LACONIA HOSPITAL receives \$10,000 by the will of the late Edward E. Taylor who also left the Boston Floating Hospital \$1000, beside making many bequests to other charitable homes and societies.

New Jersey: Summit.—THE ALUMNAE ASSOCIATION OF OVERLOOK HOSPITAL held its second annual meeting at the hospital on January 28. Miss Praetorius, who organized the association and who has been its president since, declined re-election and the following officers were chosen: president, Miss Absalon; secretary, Florence M. Cole; treasurer, Miss Kräuter. Six new members were enrolled. The speaker and guest of honor was Gertrude Drake of the Presbyterian Hospital, New York, who told of her experiences in war nursing in France. Her talk was thoroughly enjoyed by the members, nursing staff and pupil nurses. All were guests of Miss Knapp at the hospital later. Flowers were presented to Miss Drake and Miss Praetorius, the latter in appreciation of her devoted work for the association.

New York: New York.—THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION held a meeting on February 1, conjointly with the New York City League for Nursing Education and the Kings County Registered Nurses' Association at the training school of the New York Post Graduate Hospital. A very representative audience heard an address by George Hall of the New York Child Labor Committee on Legislation Tactics. He spoke from ten years' ex-

perience and told in a comprehensive way what to do and what not to do. Dr. Charles Boldnan of the City Health Department told of the efforts of the Department to carry on its propaganda for public health education in a way that should count. Dr. Boldnan seemed greatly interested in the work of nurses' organizations and as a result of the meeting a bulletin is to be issued in the interests of nurses which will deal with problems coming under their observation and will indicate how they can co-operate with the Health Department for the welfare of the community. After this address, Miss Golding resigned the chair to Miss Greener, president of the League, who introduced Mrs. Cadwalader Jones. Mrs. Jones gave a graphic description of the hospitals in England and France as she had seen them during her recent stay in those countries. That the Post Graduate Hospital has a wonderful diet kitchen was clearly demonstrated in the refreshment rooms after the close of the meeting. The County Association will hold its annual meeting at the Academy of Medicine on March 7 at 8 p.m. The speaker will be Mrs. Florence Kelly on "Some Legislation in Which Nurses Should be Interested." The business meeting will follow Mrs. Kelly's address. THE CENTRAL CLUB held its annual meeting for the general membership at 54 East 34 Street on January 5, with twenty-eight members present. Members whose terms had expired were re-elected unanimously: Maria Daniels, Jane A. Delano, Elizabeth E. Golding, Agnes G. Ward, Marie A. Pless. The non-professional members of the committee elected were: Mrs. Hugh Auchincloss, Rosina Hoyt, Mrs. William C. Osborn, Mrs. Frank Bishop. Miss Hayes addressed the members on the aim and scope of the club. Miss Farley and Miss Becht spoke of their work with the Red Cross in Europe. The new club house at 132 East 45 Street will soon open its doors. The Guild of St. Barnabas is giving teas, as usual, at the Central Club during January, February and March, on Mondays at 4 p.m. ST. CATHERINE'S GUILD FOR NURSES has moved into its new headquarters, 619 Lexington Avenue, where it holds meetings on the second Monday evening of each month. On Friday afternoons from 3 to 5, members are invited to meet and sew for the loan closet. The next meeting of the Guild will be on March 13. THE PUBLIC HEALTH EDUCATION COMMITTEE of the County Medical Society announces lectures at the Academy of Medicine on alternate Tuesday evenings at 8.15 and Thursday afternoons at 3.30 on the following subjects: March 9, What the Laboratory Work Does for the People: In Investigation, Dr. Louise Pierce of the Rockefeller Institute; In Diagnosis, Dr. Matthias Nicoll of the State Department of Health; In Treatment, Dr. William H. Park, City Department of Health. March 14, Better Eyes and the Prevention of Blindness: Prevention of Eye Diseases in the New-born Baby, Dr. Henry P. DeForest; The Care of the Eyes in Every-day Life, Dr. Walter B. Weidler; The Protection of the Public by Quarantine, Dr. May Wakefield. March 23, Woman's Health in Relation to Her Own Field: Prenatal Care of the Mother, Dr. Mary Lee Edward; Constipation, Dr. Rosalie S. Morton; Cancer in Some of its Aspects, Dr. Howard Canning Taylor. A great effort is made to spread information concerning these lectures among all groups of women. THE ALUMNAE ASSOCIATION OF THE NEW YORK POST GRADUATE HOSPITAL held its annual meeting at the school on January 4. The following officers were elected: president, M. Agnes Gibney; vice-presidents, Josephine Hughes, Grace Wilhelm, Annie A. Snow, Mary Weiss; secretary, Irene Boyd, 304 East 20 Street; treasurer, Olive Kilbourne; executive board, Ida Harlan, Elizabeth Greigg. The meeting was one of the largest held for some time and augured well for the coming year.

THE METROPOLITAN TRAINING SCHOOL ALUMNAE ASSOCIATION held its January meeting at the Cumberland Street Hospital, Brooklyn. Agnes Ward, superintendent of the school, spoke on the central registry and its many advantages. She reported \$100 raised by an entertainment by the school nurses for surgical supplies for the war zone. The pupils and graduates together have contributed generously to the Isabel Hampton Robb Fund. A social hour followed, Ella Laurence being hostess. **Brooklyn.**—THE ALUMNAE ASSOCIATION OF THE METHODIST EPISCOPAL HOSPITAL recently made a contribution to the Relief Fund of the American Nurses' Association which is intended as a testimonial to Mrs. Adelaide J. Prentiss, one of the members who died last summer. At the last meeting of the officers of the society which Mrs. Prentiss attended, she urged them to do something for the nursing world outside of their own association and emphasized the need of supporting the Relief Fund. At the next meeting of the Association, the members voted to do as she had wished, though she never knew of their action. Mrs. Prentiss had always stood for the highest things in her profession and was buried from the hospital chapel. **Glens Falls.**—THE ALUMNAE ASSOCIATION OF THE GLENS FALLS HOSPITAL took up the year's work with an interesting meeting in the nurses' home on January 8. Dr. Edsall D. B. Elliott, medical inspector in the public schools, gave an instructive address on Prevention of Infectious Diseases. Music and a social hour followed. **Buffalo.**—THE BUFFALO PUBLIC HEALTH NURSES' ASSOCIATION held its regular monthly meeting on February 2 at the Social Service Building, Mrs. Gibbons presiding. A large number of the members were present to hear Bertha J. Gardner of the JOURNAL staff on Organizations and the Professional Press. Nellie Bundy spoke of her recent experience as a Red Cross nurse during the bombardment of Belgrade. THE BUFFALO NURSES' ASSOCIATION held its regular meeting on February 7 at the Nurses' Club, Nellie Davis presiding. A committee was appointed to inspect sites for the new club house. THE ALUMNAE ASSOCIATION OF THE BUFFALO HOSPITAL OF THE SISTERS OF CHARITY held its regular meeting in the green room of the hospital on February 8, Miss Turner presiding. Final arrangements were made for the joint dance of the Alumnae Association and the Nurses' Aid Society. On February 8, Dr. Clarence Hyde, superintendent of the J. N. Adams Memorial Hospital at Perrysburg, gave an instructive lecture at a joint meeting of the alumnae associations of the city. KATHERINE DANNER, a graduate of the Presbyterian Hospital, New York City, has returned to her position, given up a year ago, of superintendent of the New York State Institute for Malignant Disease. Miss M. STEVENSON entertained at the club house on January 28, in honor of Miss L. Gross, former superintendent of nurses of the Buffalo General Hospital.

North Dakota: THE NORTH DAKOTA STATE BOARD OF NURSE EXAMINERS held a business meeting at Bismarck on January 12, at which all members of the board were present. **Wahpeton.**—THE LUTHERAN DEACONESS HOSPITAL has as additions to its staff: Osa Oppedal as superintendent of nurses, formerly of Chicago, and Marie Stenseth as surgical nurse, from St. Luke's, Fargo.

Ohio: Columbus.—THE ALUMNAE ASSOCIATION OF GRANT HOSPITAL held its January meeting at the new nurses' home. Dr. L. Bigelow gave an interesting talk on the duties of a nurse to herself and her patients and on the after care of a surgical case.

Pennsylvania: THE STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES will hold examinations as follows, during 1916, southeastern part of the

state, March, April, May, October, November; southwestern part of the state, June, October; northeastern part of the state, June, November; northwestern part of the state, June, October. Applications for examination must be made not later than the first day of the month in which it is held. Further information may be obtained from the secretary of the Board, Albert E. Blackburn, M.D., 3813 Powelton Avenue, Philadelphia. **Philadelphia.**—THE NURSES' ALUMNAE ASSOCIATION OF THE SAMARITAN HOSPITAL held its fourth annual endowment bazaar in the nurses' home, December 1-3, a bazaar of nations. Seven booths represented seven nations: Germany, Austria and Turkey on the right; England, Ireland and France to the left, with America in the center. Each booth was trimmed to represent its nation and the nurses wore white uniforms with sashes from shoulder to waist of the nation's colors. The nurses appointed to each booth were designated by the president regardless of sentiment. Friendly rivalry existed, many fancy articles and eatables were sold; doctors, nurses and patronesses worked hard to make the bazaar a success. The endowment fund, toward which the proceeds of the bazaar will go, is for the room for sick nurses who are in good standing in the alumnae association. The alumnae have been allowed to furnish for their use one of the best rooms in the hospital and no charge is made to the nurse occupying it. THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL held its 26th annual meeting on January 19, at the Nurses' Club, when the following officers were elected: president, Mrs. Sarah S. Entwisle; vice-presidents, Lillian Tucker, Nettie Guthrie, S. Margaretta Hershey; recording secretary, Bertha M. Seldomridge; corresponding secretary, Margaret F. Coe; treasurer, Anna M. Peters. Nineteen members were present. One new applicant was unanimously elected. It was with regret that the members accepted the resignation of Miss Greaney as treasurer, due to ill health, after seventeen years of most faithful service. A brooch was presented to Miss Greaney from the association. A most interesting letter was read from Dr. Anna Fullerton, a medical missionary in China. **Pittsburgh.**—THE PITTSBURGH DEPARTMENT OF PUBLIC HEALTH NURSES' ASSOCIATION at its January meeting elected four honorary members: Dr. J. F. Edwards, Director of the Department of Public Health; Dr. H. B. Burns, Director of the Department of Hygiene, Board of Public Education; Dr. H. J. Bentz, Superintendent of the Bureau of Child Welfare; and Dr. R. G. Burns, Superintendent of the Bureau of Infectious Diseases. An interesting talk on Glasses was given by Wilson Atkinson, one of the opticians of the Board of Education. The topic for February is Care of the Child from Birth to One Year of Age by Mary E. Chatham. THE ALUMNAE ASSOCIATION OF THE PITTSBURGH TRAINING SCHOOL OF THE HOMOEOPATHIC HOSPITAL held a regular meeting in the dormitory on February 3. Because of prevailing illness, no meeting had been held in January. It was decided to hold a sale on the Tuesday before Easter, the proceeds to be placed to the credit of the Endowment Fund. It was decided to give an annual banquet and to entertain the graduating class. Margaret Howe has resigned her position in the Citizens Hospital, New Kensington, and has accepted one in the dispensary of the Homeopathic Hospital. **Scranton.**—THE STATE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the nurses' home on January 13. The president, Emily Gamewell, was absent because of illness. Three new names were presented for membership. The sum of \$25 was voted to be given the Isabel Hampton Robb Fund. The officers for the coming year are: president, Emily Gamewell; vice-president, Mary Tighe; secretary, Elspeth Lightbody; treasurer, Elizabeth Saul.

Rhode Island: THE RHODE ISLAND LEAGUE OF NURSING EDUCATION held its annual meeting at the State Hospital, Howard, on January 28, by invitation of Miss Pollock, superintendent of nurses. The members were taken out by automobiles and given an opportunity to visit the Insane Hospital also the fine new Reception Hospital. Business meeting in the Class Room, Miss Lord, the president in the chair. Dr. Harrington, Superintendent of the Hospital, spoke a few words of cordial greeting and gave a very concise history of the State Hospital. Miss Lord then spoke of the papers read at the convention at San Francisco on Hourly Nursing, etc., and gave a brief outline of the papers by Miss Riddle, Mr. Bradley and Mrs. Lowman. Miss Fitzpatrick of the Providence District Nursing Association was then introduced and spoke of the plan which it is proposed to try, for six months, for bringing skilled care to people of moderate means. Much interest was shown and a lively discussion followed. The officers were re-elected for the ensuing year. **Providence.**—THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION met at the George Ide Chace Home for Nurses, on January 25. Announcement was made of a course of lectures by Prof. Theodore Collier of Brown University on "The World War" to be given in the Nurses Home beginning on February 1. THE RHODE ISLAND HOSPITAL NURSES CLUB met at the George Ide Chace Home for Nurses on February 1, Miss Lord in the chair. After the usual routine business meeting Theodore Collier, Professor of History at Brown University, was introduced and gave the first of a series of lectures on "The World War," the subject being "How It Came About." Professor Collier gave a very instructive account of the conditions, social, political and economic which have brought about the present war. He described the geography of the countries before the war and at the present time; told the position occupied at present by the armies, and the sources of supplies, etc. A social hour followed. THE CENTRAL DIRECTORY gave a musical and tea at Elysium Hall on January 11 which was well attended and much enjoyed. ST. JOSEPH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting at the Nurses Home, St. Joseph's Hospital, on January 28. Reports were read and approved. Officers were elected as follows: president, Katherine A. O'Brien; vice-president, Catherine F. Lowney; treasurer, Annie M. O'Brien; secretary, Mrs. Florence Trainor McGinn; chairman of sick committee, Miss Ryan. A tribute to the late Bishop Doran was read and ordered spread on the minutes and arrangements were made for the celebration of a High Mass to be sung at St. Joseph's Hospital Chapel on February 10. Three new members were admitted. A social hour followed which was much enjoyed by all.

Utah: Salt Lake City.—THE GRADUATE NURSES' ASSOCIATION held its quarterly meeting in the rooms of the Young Women's Christian Association on January 5. There was a fairly good attendance. The desirability of holding monthly meetings was discussed and it was decided to give the plan a trial, the time to be the first Monday of each month. THE GRADUATE NURSES' ASSOCIATION AND ST. MARK'S ALUMNAE ASSOCIATION gave an entertainment on January 30, in the rooms of the Young Women's Christian Association, in honor of Miss Shellabarger who left the city for Denver on February 1. A pleasant informal evening was spent with music, recitations and social chat. All expressed regret at Miss Shellabarger's departure. She had been superintendent of St. Mark's Hospital and was for two years president of the Graduate Nurses' Association.

Wisconsin: THE BOARD OF DIRECTORS OF THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a special meeting in the Emergency Hospital on Janu-

ary 19 and voted to send Mrs. Kate Kohlsaas to represent Wisconsin at the meeting of the Advisory Council of the American Nurses' Association to be held in New York on the 21st. Seven new members were admitted to the Association. It was decided to hold the annual meeting in October, the place and date to be determined later.

BIRTHS

On January 29, at Burlington, Vt., a son, Francis, to Mr. and Mrs. Frank J. Buckley. Mrs. Buckley is a graduate of St. Francis Hospital, Hartford, Conn.

In November, at Langdon, N. D., a son, to Dr. and Mrs. Judd Kirkham. Mrs. Kirkham was Ora Burrell, St. John's Hospital, Fargo.

On February 5, at Grand Rapids, Mich., a daughter, Greta Viola, to Mr. and Mrs. John A. Anderson. Mrs. Anderson was Hannah J. Hammerlind, class of 1909, Samaritan Hospital, Sioux City, Iowa.

MARRIAGES

On December 22, at Santa Barbara, Calif., Harriet A. Gwynne, class of 1905, Rochester General Hospital, Rochester, N. Y., to George Harry Wilson. Mr. and Mrs. Wilson will live in Santa Barbara.

On December 29, Benoua Lunder, class of 1911, St. Luke's Hospital, Fargo, N. D., to Carl Taugstad. Mr. and Mrs. Taugstad will live in Winnipeg, Canada.

On November 23, Julia Rowena Sisco, class of 1913, Bismarck Hospital, Bismarck, N. D., to Taylor O. Thompson. Mr. and Mrs. Thompson will live in Fargo.

On December 23, Margaret Faye Perrill, class of 1905, Indianapolis City Hospital, to G. M. Boyer. Mr. and Mrs. Boyer will live in Calexico, Calif.

On December 30, Gertrude Highley, class of 1911, Indianapolis City Hospital, to Claude Countryman. Mr. and Mrs. Countryman will live in Kokomo, Ind.

On January 8, K. May Moore, class of 1910, Protestant Deaconess Hospital, Ind., to John Arthur McCluskey. Mr. and Mrs. McCluskey will live in Detroit, Mich.

On January 22, Beatrice Charles Uhrich, class of 1914, Presbyterian Hospital, Philadelphia, to George Grant McClintock. Mr. and Mrs. McClintock will live in Philadelphia.

In December, I. Calder, class of 1914, Buffalo General Hospital, to Charles Klein. Mr. and Mrs. Klein will live in Buffalo.

On October 18, Nell M. Pottenger, class of 1912, Johns Hopkins Hospital, to L. C. Maxwell. Mr. and Mrs. Maxwell will live in Liberty, Ind.

On January 1, Mary B. Cleaves, class of 1906, Hospital of St. Barnabas, Newark, N. J., to Niles B. Stockwell. Mr. and Mrs. Stockwell will live in Oneonta, N. Y.

In December, at Baltimore, Md., Florence M. Anderson, class of 1915, St. Joseph's Hospital, Baltimore, to Joseph Mitchell. Mr. and Mrs. Mitchell will live in Baltimore.

In December, at St. Mary's Church, Toronto, Canada, Elizabeth Rossiter, class of 1914, St. Joseph's Hospital, Baltimore, to John Holmes. Mr. and Mrs. Holmes will live in Owen's Sound, Canada.

On December 25, at Ft. Wayne, Ind., Edith Irene Myers, class of 1912, Hope Hospital, to Alva E. Elston. Mr. and Mrs. Elston will live in Angola, Ind.

On January 26, at Trinity Church, Ft. Wayne, Ind., Irena Belle DeVenney, class of 1912, Hope Hospital, to J. W. Autenreish, M.D. Dr. and Mrs. Autenreish will live in Ft. Wayne.

On December 31, at Flushing, N. Y., Mary A. Gibson, class of 1909, Flushing Hospital, to William H. Muncey. Mr. and Mrs. Muncey will live in Elmhurst, N. Y.

Recently, Stella Smith, class of 1914, Grace Hospital, Detroit, to Gerald Wilson, M.D. Dr. and Mrs. Wilson will live in Detroit.

On December 25, Elizabeth Lucile Jackson, class of 1908, Illinois Training School, Chicago, Ill., to Charles Burton Davis. Mr. and Mrs. Davis will live in St. Louis.

On December 21, at Butler, Pa., Jennie M. Johnson, class of 1914, Grant Hospital, Columbus, Ohio, to August F. Abilling, a senior theological student at Capitol University, Columbus.

On November 10, at Trinity Church, Columbus, Ohio, Florence Collins, class of 1910, Grant Hospital, Columbus, to Theodore Ebersbach. Mr. and Mrs. Ebersbach will live in Columbus.

On January 12, Helen Lazarus, class of 1910, Jewish Hospital, St. Louis, to Leo Kaufman. Mr. and Mrs. Kaufman will live in Cairo, Ill.

Recently, Viola Bollinger, class of 1908, Jewish Hospital, St. Louis, to Bruce Moore.

On February 3, in Winnipeg, Canada, Catherine J. Burnett, class of 1908, Allegheny General Hospital, Pittsburgh, to Douglas Feltham.

DEATHS

On December 29, at Easton, Penna., Mary Stern Hoffman, wife of Dr. Edward Hoffman and daughter of Rev. and Mrs. T. O. Stern. Mrs. Hoffman was Mary Stern, class of 1895, Presbyterian Hospital, Philadelphia.

In January, at her home in Haverhill, Mass., Isabella Atkinson, class of 1915, Boston City Hospital. Miss Atkinson was greatly beloved by her classmates and associates, many of whom attended the services.

Recently, in Chicago, as a result of an accident, Eleanor Hubbard, class of 1894, Illinois Training School. Miss Hubbard was a head nurse at the County Hospital after her graduation and then served for two years at St. Paul's House, Rome, Italy. Later she was head nurse of the contagious department of the County Hospital for several years; she was a thorough instructor and conscientious worker. She established a lunch club for working girls, which was for a time very successful and interesting. Miss Hubbard had the respect and confidence of all who knew her. Burial was at her old home, Neenah, Wis.

On December 17, at the Booth Memorial Hospital, Covington, Ky., Sarah Ford Monning, class of 1911, Speers Memorial Hospital, Dayton, Ky. Mrs. Monning did most efficient work in the Visiting Nurses' Association of Cincinnati before her marriage and always retained her interest in her profession and enthusiasm for the work. She had a strong personality and a cheerful disposition. Her death was a shock to her many friends.

On January 8, at the Royal Victoria Hospital, Montreal, Agnes Lynch, district lady superintendent of the Victorian Order of Nurses. Miss Lynch, who had been ill but a short time, was a graduate of the Montreal General Hospital, class of 1894, and was for a time in charge of the National Soldiers' Home, Hamp-

ton, Va. In 1902 she entered the Victorian Order, becoming its head in Montreal, in 1904, so that she had given fourteen of her working years to its service. Under her supervision the work in Montreal increased from a staff of three nurses to one of seventy. She was always ready to respond to the call of duty and was very popular with her staff and with all whom she served. Burial was at Chapeau, her early home.

On February 4, at Basil, Ohio, Grace E. Miller Sparks, class of 1901, Grant Hospital, Columbus, Ohio. Mrs. Sparks was the wife of Dr. Edward P. Sparks of Basil.

On January 10, at St. Joseph's Hospital, Providence, R. I., Bridget Coogan, class of 1915, St. Joseph's Hospital. Miss Coogan was born in Ireland. Burial was at her home, Pawtucket. Her death was caused by pneumonia and a mastoid abscess.

In December, 1915, at the Jewish Hospital, St. Louis, Mary Oberman, class of 1912, Jewish Hospital, after a short illness with pneumonia. Five nurses from St. Louis went to the services which were held in Miss Oberman's home city, Springfield, Ill.

On January 15, at the Homeopathic Hospital, Washington, D. C., Reba Taylor, a graduate of the National Homeopathic Hospital. Miss Taylor went with the first Red Cross Unit to England in October, 1914, and on her return, January, 1916, was taken to the hospital. Funeral services were held at the Graduate Nurses' Club on January 16. Miss Taylor was a charter member of the Graduate Nurses' Association and an active member of the Nurses' Examining Board. She took a prominent part in all nursing affairs in the District and will be greatly missed by her associates.

On February 6, at the Presbyterian Hospital, New York, after a long illness, Alice A. Gorman, class of 1889, Massachusetts General Hospital. After gaining experience as a head nurse in Touro Infirmary, New Orleans, and at St. Luke's Hospital, New York, Miss Gorman devoted several years to private nursing in New York City, a field in which she proved very successful. She was superintendent of nurses at Mercer Hospital, Trenton, N. J.; Bridgeport Hospital, Bridgeport, Conn.; Grady Hospital, Atlanta, Ga.; State Hospital, Warm Springs, Mont.; Baptist Hospital, Memphis, Tenn.; and was superintendent of the Lawrence General Hospital, Lawrence, Mass., and of the Titusville Hospital, Titusville, Pa. She had distinct ability in reorganization and her genial personality usually won the support of her co-workers, enabling her to accomplish more in a short time than is the usual experience. She was one of the two students in the first class in Hospital Economics at Teachers College and was afterward assistant superintendent at the Massachusetts General Hospital Training School for two years. As a teacher her thorough knowledge of detail and her clear, simple presentation of a subject, added to her enthusiasm, had the happy power of illuminating for her pupils some of the subjects that had previously been practically valueless, because an intelligent interest had not been aroused in them. Her ideals of life and work were ever of the highest, her judgments were tempered by mercy, and we may say of her that she lived to make life less difficult for others. To a large circle of friends her death means deep sorrow and irreparable loss. Burial was at Merrickville, Ontario, Canada, Miss Gorman's former home.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

THE OBSTETRICAL QUIZ FOR NURSES. A Monograph on Obstetrics for the Graduate and Undergraduate Nurse in the Lying-in Room. By Elizabeth Hilda Carlson. The Rebman Company, 141-145 West 36th Street, New York.

Dedicated by its author "To the faithful service of the obstetrical nurse," this book represents the labor of years, says Miss Carlson. It is designed to be the *vade mecum* of the obstetrical nurse and also to be the unfailing resource of the teacher of obstetrical nursing, who will find therein questions which will test the knowledge and understanding of the subject by her pupils. It is a book all for nurses, and the medical student is not catered to. One of its unique features consists in suggestions for improvising, from any sort of means at hand, in an emergency. Usually the nurse who knows her business can provide a substitute for almost any utensil or appliance, but if, as occasionally happens, a nurse lacks initiative and finds herself lost without a proper outfit, let her turn to Miss Carlson's book, which, by the way, has a splendid index, and she will be able to endorse the proverb, "When one door shuts, another opens." After disposing of the subject proper, obstetrical nursing, the book goes on, still maintaining its question and answer form, to infant feeding and a dietary for the puerperal term. Concluding we have a chapter on antiseptic solutions and, finally, a paper on Twilight Sleep.

A TEXT-BOOK OF MASSAGE AND REMEDIAL GYMNASICS. By Louisa L. Despard, Member and Examinee of Incorporated Society of Trained Masseuses. Oxford University Press. American Branch, 35 West 32d Street, New York. Price, \$4.50.

We often have contributions to nursing literature from England which arouse in us a pleasing feeling that our own books are superior. Miss Despard's book is quite the reverse and is able to claim a higher place than any book on massage that we have. It is a monumental piece of work, carefully written and profusely illustrated, with its 395 pictures and plates, many of which are colored so as to render them more intelligible and make the application of the text, otherwise formidably technical, absolutely easy of comprehension and assimilation. Part 1 of the book is devoted to a review of anatomy and physiology. Part 2 gives the theory of massage and its application, the classification

of the different massage movements and their physiological and therapeutic effects. We are given the complete course of Swedish remedial gymnastics; the application of such external remedies and correctives as lubricants, fomentations and bandages. The book closes with a description of ionic medication, radiant heat, light and diathermy.

AMNESIA AND ANALGESIA IN PARTURITION (Twilight Sleep). By Alfred M. Hellman, B.A., M.D., F.A.C.S., Adjunct Attending Gynecologist and Obstetrician, Lebanon Hospital New York; Attending Gynecologist, German Hospital Dispensary, New York; Fellow, New York Academy of Medicine. Paul B. Hoeber, New York. Price, \$1.50.

The question of Twilight Sleep is one that has aroused a lively controversy in America, and also in other countries, before the war swept all other topics to one side.

The conclusion one reaches on reading Dr. Hellman's book is that while the Twilight Sleep has probably come to stay, it will not be found to be uniformly acceptable and efficacious in America as it has been in Freiburg. It would seem that it must be modified in many instances.

Dr. Hellman makes a tremendous plea for a fair trial before judgment is passed. He sees in the treatment perfect safety for both mother and child and looks forward to the day when this means of alleviating the pains of childbirth will be the rule and not the exception.

A NURSE'S HANDBOOK ON OBSTETRICS. By Joseph Brown Cooke, M.D., Fellow of the New York Obstetrical Society, etc. Seventh edition, revised and reset. By Carolyn E. Gray, R.N., Superintendent of the City Hospital School of Nursing, Blackwell's Island, New York City, and Mary Alberta Baker, R.N., Late Superintendent of St. Luke's Hospital, Jacksonville, Fla. J. B. Lippincott Company, Philadelphia and London. Price, \$2.

Written in the first instance for the nurses of the New York City Training School, Dr. Cooke has virtually given his book on obstetric nursing to them. The latest and seventh edition, while retaining in a large measure the original plan as arranged by Dr. Cooke, has been revised, rewritten, and in some parts rearranged, by Miss Gray and Miss Baker. New matter has been added, which brings the book in line with the latest usage in current nursing. The technic is the newest in clinic and hospital and the ethical standards maintained are those dictated by the highest ideals of the nursing profession, so the book remains what it has been hitherto, one of the most acceptable alike to pupils and teachers in the nurse training schools.

YOUR BABY. A Guide for Young Mothers. By Dr. Edith B. Lowry.
Author of *Herself, The Home Nurse*, etc. Forbes and Company,
Chicago. Price, \$1.

This book, a plea for preparedness, is not, however, concerned with military service or the building of warships. It is, indeed, a plea for the future of the nation, but it starts with the unborn child.

Dr. Lowry states that fifty out of every hundred children born in this country die during the first year, of diseases due to lack of intelligent care as evinced in wrong feeding. She proposes to educate mothers and prospective mothers and to safeguard the coming race by this means. Herself an authority on maternity, Dr. Lowry knows whereof she speaks and sends out her book with the hope that it may aid many a mother to bring up her baby to its rightful heritage of health and happiness.

NURSING IN THE ACUTE INFECTIOUS FEVERS. By George P. Paul, M.D., Department of Public Health, Harvard University. Third edition. Thoroughly revised. 12mo of 275 pages, illustrated. W. B. Saunders Company. Philadelphia, London. \$1.00 net.

Old friends are ever welcome and Dr. Paul's *Fever Nursing* well deserves an enthusiastic reception as it appears in the third edition. Although two new chapters have been added, the book is still remarkable for the convenient and easily handled form that makes it so acceptable. It is hard to think of a volume of its size which contains so much practical teaching on the care and management of fevers.

QUESTION MANUAL. Compiled by May Kennedy, R.N., Chief Nurse, Kanakee State Hospital, Kankakee, Illinois; formerly Chief Nurse, Anna State Hospital, Anna, Illinois; formerly member of Nurses' Examining Board of the Illinois State Civil Service Commission. Whitcomb and Barrows, Boston. Price \$1.

Miss Kennedy has done a good piece of work in her *Question Manual* and one that will be found helpful and suggestive by nurse examiners, as well as by nurses preparing for examination. There are upwards of 150 pages, or about 2000 questions, covering Nursing Ethics, Anatomy, and Physiology, Bacteriology, Care of Children, Dietetics, Gynecology, Obstetrics, Hygiene, Hydrotherapy, Massage, Infectious and Contagious Diseases, Materia Medica, Nervous and Mental Nursing, Surgical Nursing and Urinalyses.

The questions are arranged in several forms: first, for the benefit of the student; and later, in briefer lists, for examiners.

OFFICIAL DIRECTORY

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